MARYLAND 3864 04803 STATE DEPARTMETT OF HEALTH

# CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly 38
LENGTH OF STAY (in this place) 2 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen. Hosp. 20

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Arden, ✓
STREET ADDRESS (If rural, give location) ——

3. NAME OF DECEASED (Type or Print) (First) Boby (Middle) Boy (Last) Brown

4. DATE OF DEATH (Month) April (Day) 22 (Year) 1954

5. SEX Male.
6. COLOR OR RACE Black.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single.
8. DATE OF BIRTH 20 April 54
9. AGE last birthday yrs. If under 1 year Months 2 day Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ——
10b. KIND OF BUSINESS OR INDUSTRY ——
11. BIRTHPLACE (State or foreign country) Maryland.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Frank Smith
14. MOTHER'S MAIDEN NAME Margaret Brown.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS mother - same as above.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

754.4

Immediate cause (a) Pulmonary hypoplasia

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Prematurity (5 mo gestation) (Bt wt 1 lbs 2 oz.)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/20, 1954 to 4/22, 1954, that I last saw the deceased alive on 4/22, 1954, and that death occurred at 12 05 A.m., from the causes and on the date stated above.

SIGNATURE T. W. Christensen (Degree or title) Head ADDRESS College Park Md DATE SIGNED 4/23/54

23. BURIAL, CREMATION REMOVAL (Specify) Cremation DATE 5/7/54 NAME OF CEMETERY OR CREMATORY Prince Georges Gen Hosp LOCATION (City, town, or county) Cheverly (State) Md

DATE REC'D BY LOCAL REG. 5/14/54 REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR Harry W. Penn Jr ADDRESS Supt

2044192230

MARGIN RESERVED FOR BINDING

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MAY 17 1954
BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03849 240

3907 **CERTIFICATE OF DEATH**

Reg. Dist. No. ~~105~~

1. PLACE OF DEATH:
COUNTY PRINCE GEORGES MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) AQUASCO X
LENGTH OF STAY (in this place) LIFETIME
HOSPITAL OR INSTITUTION OR STREET ADDRESS —— X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY PRINCE GEORGES
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) AQUASCO X
STREET ADDRESS (If rural give location) ——

3. NAME OF DECEASED: (Type or Print) (First) ALICE (Middle) MARY. (Last) BROWN

4. DATE OF DEATH: (Month) APRIL (Day) 27 (Year) 1954

5. SEX: FEMALE
6. COLOR OR RACE: NEGRO
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED
8. DATE OF BIRTH: MAY 5, 1893
9. AGE last birthday: 60 61 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: HOME
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: ROBERT SAVOY
14. MOTHER'S MAIDEN NAME: LINDA SMALLWOOD

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) ——
16. SOCIAL SECURITY No.: ——
17. INFORMANT & ADDRESS: MRS. S. CONTEE - AQUASCO. MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

163X

Immediate cause (a) PULMONARY HEMORRHAGE — Interval Between Onset And Death: 1 week

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) PROBABLE TUBERCULOSIS OF LUNGS — UNKNOWN

DUE TO

(c) ——

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ——

19a. DATE OF OPERATION: NONE 0
19b. MAJOR FINDINGS OF OPERATION ——
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) None
PLACE OF INJURY (Home, farm, factory, street, office, bldg., etc.) None
(CITY OR TOWN) None (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) None m.
INJURY OCCURED While at Work ☐ Not While At Work ☐ None
HOW DID INJURY OCCUR? None

22. I hereby certify that I attended the deceased from 2/2/, 1954, to 4/27, 1954, that I last saw the deceased alive on 4/24/, 1954, and that death occurred at 12:30 PM, from the causes and on the date stated above.

SIGNATURE Vahek M. Seron (Degree or title) MD ADDRESS Aquasco, Md DATE SIGNED 4/27/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 4/30/54
NAME OF CEMETERY OR CREMATORY John Wesley
LOCATION (City, town, or county) Aquasco (State) Md

DATE REC'D BY LOCAL REGISTRAR 4.30.54
REGISTRAR'S SIGNATURE ~~M. L. Moore~~ F. H. Billingsley - cm
24. FUNERAL DIRECTOR Houtt & Ryan ADDRESS Waldoy Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MAY 3 1954
BUREAU V. S.

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MARYLAND 3865

STATE DEPARTMETT OF HEALTH

# CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH — COUNTY: Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cheverly, Maryland — LENGTH OF STAY (in this place): 36 12 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Prince Geo. Gen. Hosp. 20

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Oakland, Md
STREET ADDRESS (If rural, give location): 8008 - 54th Avenue

3. NAME OF DECEASED (Type or Print): (First) Howard (Middle) (Last) Campbell

4. DATE OF DEATH: (Month) April (Day) 20, (Year) 1954

5. SEX: M

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: 10-8-53

9. AGE last birthday: yrs. 3 mos. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Howard Junior Campbell

14. MOTHER'S MAIDEN NAME: Sally Jane Graham

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): 4

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

340.3

Immediate cause (a) Purulent Meningitis (organism undetermined) ?

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 2

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/19, 1954, to 4/20, 1954, that I last saw the deceased alive on 4/20, 1954, and that death occurred at 10:30 A.m., from the causes and on the date stated above.

SIGNATURE: William F. Schnitzler (Degree or title) ADDRESS: M.D. 7306 Forest Rd. DATE SIGNED: 21 Apr. 54

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE: 4/23/1954

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county) (State): Hamlett, N.C.

DATE REC'D BY LOCAL REG.: 4/21/54

REGISTRAR'S SIGNATURE: Amanda Downey

24. FUNERAL DIRECTOR: John T. Stewart ADDRESS: 30 H St., N.E.

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BUREAU V. S.

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MARYLAND 3866

STATE DEPARTMETT OF HEALTH

# CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH
COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) 12 hr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen. Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ritchie
STREET ADDRESS (If rural, give location) 7902 - Central Ave

3. NAME OF DECEASED (Type or Print) (First) Irving (Middle) LEE (Last) Carrick

4. DATE OF DEATH (Month) April (Day) 28 (Year) 1954

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH 22 Jan. 1879.

9. AGE last birthday 75 yrs.
If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME unknown

14. MOTHER'S MAIDEN NAME unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

**Immediate cause** (a) Coronary Thrombosis — Interval between onset and death: 6 hours

**Antecedent cause(s)**

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) arteriosclerotic heart disease — 4 Years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 1, 1954, to April 28, 1954, that I last saw the deceased alive on April 28, 1954, and that death occurred at 1:45 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) W. Suit Ritchie MD ADDRESS 7005 Ritchie Rd SE. Wash 27 D.C. DATE SIGNED

23. BURIAL, CREMATION OR REMOVAL (Specify) Buried DATE 5/1/54 NAME OF CEMETERY OR CREMATORY Rhodes Memorial Cem. LOCATION (City, town, or county) (State) Prince Frederick, Md.

DATE REC'D BY LOCAL REG. 4/28/54 REGISTRAR'S SIGNATURE Amanda Sweeney

24. FUNERAL DIRECTOR J. W. Lee Son Co ADDRESS 300-4th St. N.E. WASH. D. C.

MARGIN RESERVED FOR BINDING

Dr. Maloney (Coroner) granted permission to sign certificate
W.S.R.

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APR 29 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# 3855 CERTIFICATE OF DEATH

03852 Reg. Dist. No. 715

1. PLACE OF DEATH: COUNTY Prince Georges Hyattsville MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hyattsville 15
LENGTH OF STAY (in this place) 15 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6403 Ager Rd X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Va. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Alexandria Rt 2 R.F.D.
STREET ADDRESS (If rural give location) 83X-3 ✓

3. NAME OF DECEASED: (Type or Print) (First) Timothy (Middle) Wallace (Last) Cashell
4. DATE OF DEATH: (Month) 4 (Day) 15 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single
8. DATE OF BIRTH: Dec 12, 1953
9. AGE last birthday: ~~[illegible]~~ yrs. IF UNDER 1 YEAR: Months 4 Days 3. IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Washington D.C.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Irving H Cashell
14. MOTHER'S MAIDEN NAME: Joan Wallas.

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 9 (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Irving H. Cashell

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

752X

Immediate cause (a) Hydrocephalus - spina bifida — Interval Between Onset And Death: birth on

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Terminal cerebral ischemia (ischemia)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/28, 1954, to 4/15, 1954, that I last saw the deceased alive on 4/15, 1954, and that death occurred at 6 am, from the causes and on the date stated above.

SIGNATURE Thomas A. Christensen (Degree or title) MD ADDRESS College Park DATE SIGNED 4/15/54

23. BURIAL, CREMATION, REMOVAL (Specify) Cremate
DATE THEREOF 4/15/54
NAME OF CEMETERY OR CREMATORY Cedar Hill Crematory
LOCATION (City, town, or county) Suitland (State) Md

DATE REC'D BY LOCAL REGISTRAR April 15, 1954
REGISTRAR'S SIGNATURE Mrs. Jas. Severe (Deputy Local Registrar)
24. FUNERAL DIRECTOR Martin W Hysong Co ADDRESS 1300 N St NW Washington D.C.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 19 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03853

# 3867 CERTIFICATE OF DEATH

Reg. Dist. No. 245

1 PLACE OF DEATH:
COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale. Md. | LENGTH OF STAY (in this place) 17 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5803 Cleveland Ave

2 USUAL RESIDENCE (HOME) OF DECEASED: Prince
STATE MARYLAND COUNTY George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale,
STREET ADDRESS (If rural give location) 5803 Cleveland Ave Riverdale Md

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) Wilkerson (Last) Chambers-Sr.
4. DATE OF DEATH: (Month) April (Day) 21 (Year) 19 54

| 5. SEX: | 6. COLOR OR RACE: | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): | 8. DATE OF BIRTH: | 9. AGE last birthday: | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Male | White | Married | Sept 4-1893 | 60 yrs. | | | | |

| 10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: | 10b. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Funeral Director & Embalmer | Self Employed | Wash. D. C. | U.S.A. |

13. FATHER'S NAME: William HARRISON CHAMBERS
14. MOTHER'S MAIDEN NAME: ANNA Ruppert.

| 15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY No.: | 17. INFORMANT & ADDRESS |
|---|---|---|---|
| Yes | WW #1 | None | W. W. CHAMBERS JR. 5807-Cleveland Ave JON. Riv. Md |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset And Death |
|---|---|---|
| 1 3X Immediate cause | (a) Carcinoma-Transverse Colon- DUE TO | 10 Months |
| Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. | (b) Carcinoma Hepatic. DUE TO | |
| | (c) | |

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

| 19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| 6/20/53 | Carcinoma Transverse Colon | Yes ☐ No ☐ |

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/15/53, 19 , to 4/21/54, 19 , that I last saw the deceased alive on 4/21/54, 19 , and that death occurred at 5:25 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) James G. O'Keeffe M.D. | ADDRESS 4545 Connecticut Ave N.W. | DATE SIGNED April 22 1954

23. BURIAL, CREMATION, REMOVAL (Specify) INTERMENT | DATE THEREOF April 26/54 | NAME OF CEMETERY OR CREMATORY FT LINCOLN | LOCATION (City, town, or county) PRINCE GEORGE CO. MD | (State) Md.

DATE RECD BY LOCAL REGISTRAR April 22 1954 | REGISTRAR'S SIGNATURE James Dewey

24. FUNERAL DIRECTOR W. W. CHAMBERS CO | ADDRESS 5801-Cleveland Ave Riv. Md.

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MARGIN RESERVED FOR BINDING

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

APR
BUREAU V. S.

MARYLAND 3853 STATE DEPARTMETT OF HEALTH 03854

# CERTIFICATE OF DEATH

Reg. Dist. No. 230

1. PLACE OF DEATH COUNTY Prince George MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) College Park
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4912 - Blackfoot Rd

2. USUAL RESIDENCE (HOME) OF DECEASED STATE same COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) same
STREET ADDRESS (If rural, give location) same

3. NAME OF DECEASED (Type or Print) (First) THOMAS (Middle) BENJAMIN (Last) CLARK
4. DATE OF DEATH (Month) APRIL (Day) 5 (Year) 1954
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Sept 7, 1887
9. AGE last birthday 66 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineer
10b. KIND OF BUSINESS OR INDUSTRY Stationary
11. BIRTHPLACE (State or foreign country) Texas
12. CITIZEN OF WHAT COUNTRY? US.
13. FATHER'S NAME Edward Hunter Clark
14. MOTHER'S MAIDEN NAME Sally Merrill
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No (If year, give war or dates of service) None
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Leta B Clark (same address)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
151X
Immediate cause (a) Carcinoma of Stomach
Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)
(c)

INTERVAL BETWEEN ONSET AND DEATH 7 mos

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 1 Oct 1953
19b. MAJOR FINDINGS OF OPERATION Carcinoma of Stomach
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) Neither
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1953 to Apr, 1954, that I last saw the deceased alive on Apr 4, 1954 and that death occurred at 6 15 p.m., from the causes and on the date stated above.

SIGNATURE Ch. Etienne (Degree or title) Mn. D. ADDRESS College Park Md DATE SIGNED 4-5-54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 4/8/1954
NAME OF CEMETERY OR CREMATORY Wash. Nate Cemetery
LOCATION (City, town, or county) Suitland Pr Geo. (State) Md

DATE REC'D BY LOCAL REG. April 7-1954
REGISTRAR'S SIGNATURE John D Smith
24. FUNERAL DIRECTOR W.W. Chambers Co - Riverdale, Md ADDRESS

MARGIN RESERVED FOR BINDING

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BUREAU V. S.

03855

**MARYLAND** 3868

STATE DEPARTMETT OF HEALTH

# CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH — COUNTY: Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cheverly — LENGTH OF STAY (in this place): 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Prince Geo. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Upper Marlboro Md — COUNTY: Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Upper Marlboro X
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Baby Girl Colbert

4. DATE OF DEATH (Month) (Day) (Year): 4 - 7 1954

5. SEX: F

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: 4-6-54

9. AGE last birthday: yrs. — If under 1 year: Months 1 day, Days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Cheverly Md

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Richard B. Colbert

14. MOTHER'S MAIDEN NAME: Frances Barnett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Richard B. Colbert Father

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

761.5

Immediate cause (a) Intestinal obstruction (meconium ileus)

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Scleredema

(c) Prematurity (placental separation premature)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/6, 1954 to 4/7, 1954, that I last saw the deceased alive on 4/7, 1954 and that death occurred at 9:30 P.m., from the causes and on the date stated above.

SIGNATURE: J. A. Christensen (Degree or title) Sud — ADDRESS: College Park — DATE SIGNED: 4/8/54

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: Apr. 10 1954 — NAME OF CEMETERY OR CREMATORY: Meadows — LOCATION (City, town or county): Prince Geo. — (State): Md

DATE REC'D BY LOCAL REG.: April 10, 1954 — REGISTRAR'S SIGNATURE: Amanda Downey

24. FUNERAL DIRECTOR: J. B. Johnson — ADDRESS: Annapolis, Md.

4/13/54 — 2044172293

RECEIVED
APR 15 1954
BUREAU V. S

03856

MARYLAND STATE DEPARTMENT OF HEALTH

3908 CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 240

1. PLACE OF DEATH
COUNTY Pr. Geo's. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN T.B.
LENGTH OF STAY (In this place) Transient
HOSPITAL OR INSTITUTION OR STREET ADDRESS Intersection of Rt.#5 & 301.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Pr. Geo's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Upper Marlboro
STREET ADDRESS (If rural, give location) -

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| John | Francis | Curtin | 4 | 2 | 1954 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Male | White | Widowed | April 9, 1887 | 66 yrs. | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY |
|---|---|---|---|
| Tobacco Farmer | Tenant | Maryland, | U.S.A. |

13. FATHER'S NAME: James B. Curtin
14. MOTHER'S MAIDEN NAME: Unknown

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS |
|---|---|---|
| No. | | Philipp L. Curtin Upper Marlboro, Maryland. |

18. MEDICAL CERTIFICATION

| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|---|
| Immediate cause | (a) | Hemorrhage and shock | |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) | Fracture of the skull, crushed chest abdomen and pelvis, Fractures of both legs | |
| | (c) | | |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| 0 | | Yes ☐ No ☒ |

| 21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | Route 301 | T. B. | Prince George's | Md |

| TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURRED While at work ☐ Not while at work ☒ | HOW DID INJURY OCCUR? |
|---|---|---|
| April 2 54 5A m. | | Pedestrian struck by an automobile |

22 *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒ suicide ☐, homicide ☐, undetermined ☐.*

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| James H. Boyd | M. D. | Forestville, Md. | 4/3/54 |

| BURIAL, CREMATION OR REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | 4/6/54 | Rosaryville Catholic | Rosaryville, Md. |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR ADDRESS |
|---|---|---|
| April 7/54 | T. H. Billingsley | Ritchie Bros. Upper Marlboro, Md. |

MARGIN RESERVED FOR BINDING

USE WITH UNFADING INK. Supply every item of information carefully. The correct age especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

APR 9 19

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 0885?

3862

# CERTIFICATE OF DEATH

Reg. Dist. No. 245

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1 PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt Rainier Md. LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4404-31st St

2 USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Md.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt Rainier
STREET ADDRESS (If rural give location) 4404-31st Street

3. NAME OF DECEASED: (First) SAMUEL (Middle) PAUL (Last) DAVIS
4. DATE OF DEATH: (Month) April (Day) 20, (Year) 1954

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, | 8. DATE OF BIRTH | 9. AGE last birthday | IF UNDER 1 YEAR | | IF UNDER 24 HRS. | |
|---|---|---|---|---|---|---|---|---|
| | | | | | Months | Days | Hours | Min. |
| M | W | Married | 10/13/1900 | 53 yrs. | | | | |

| 10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Salesman | Storm Windows | Altoona Penna | U.S.A. |

13. FATHER'S NAME: George Davis
14. MOTHER'S MAIDEN NAME: Kathryn Hoffman

| 15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) If Yes, give war or dates of service | 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS |
|---|---|---|
| Yes | 578-09-3951 | Mattie M Davis 4404-31st St Mt Rainier Md. |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardiac Coronary Thrombosis
DUE TO (b) Following Pneumonia Grippe
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (c) Heart Attack

Interval Between Onset And Death: 1 hr. Months 2.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| | | Yes ☐ No ☒ |

| 21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | | | |

| TIME (Month) (Day) (Year) (Hour) OF INJURY | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|
| m. | | |

22. I hereby certify that I attended the deceased from Dec 1, 1953 to April 20, 1954 that I last saw the deceased alive on April 19, 1954, and that death occurred at 11:25 P.M. from the causes and on the date stated above.

SIGNATURE Charles Brady M.D. (Degree or title) ADDRESS 3509 Rhode Island Ave Mt Rainier Md. DATE SIGNED 4/20/54

| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) | (State) |
|---|---|---|---|---|
| Burial | APRIL 23, 54 | Cedar Hill Cemetery | Suitland | Md. |

| DATE REC'D BY LOCAL REGISTRAR | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| April 21 1954 | James Dewey | W.W. Chambers Co | 517-11th St S.E. Wash, D.C. |

VS. A15

RECEIVED
APR
BUREAU V. S.

3909

0385839

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

# MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 145

**1. PLACE OF DEATH:**
COUNTY Prince Georges - MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Rainier Md
LENGTH OF STAY (In this place) X
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rocky Gorge Dam X

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
STATE Md COUNTY Pr. Geo -
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Mount Rainier
STREET ADDRESS (If rural, give location) 3103 - Webster Street

| 3. NAME OF DECEASED: (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) (Day) | (Year) |
|---|---|---|---|---|
| Michael | Joseph | Dawson | Apr. 21 | 1954 |

| 5. SEX: | 6. COLOR OR RACE: | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): | 8. DATE OF BIRTH: | 9. AGE last birthday: | IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| M | White | Single | Sept. 26, 1934 | 19 yrs. | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): | 10b. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Clerk - | Shirt Co | Baltimore | U.S.A. |

| 13. FATHER'S NAME: | 14. MOTHER'S MAIDEN NAME: |
|---|---|
| August B. Dawson | Cecelia M. Kastner |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO.: | 17. INFORMANT & ADDRESS: |
|---|---|---|
| No | 577-46-1201 | Father - Same |

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

| | | | Interval Between Onset and Death |
|---|---|---|---|
| Immediate cause | (a) | Asphyxia | |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last | DUE TO (b) | Drowning | |
| | DUE TO (c) | | |

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH: Rheumatic Heart Disease

| 19a. DATE OF OPERATION: | 19b. MAJOR FINDING OF OPERATION: | 20. AUTOPSY? Yes X No ☐ |
|---|---|---|
| - | | |

| 21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. | 21b. PLACE (Home, farm, factory OF street, office bldg., etc.) INJURY | 21c. (City or town) | (County) | (State) |
|---|---|---|---|---|
| | Unguarded Lake | Laurel - | Pr. Geo. - | Md |

| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | M. | 21e. INJURY OCCURRED While at work ☐ | Not while at work ☐ | 21f. HOW DID INJURY OCCUR? |
|---|---|---|---|---|
| 4-21-54 | 1:30 | | / | Drowned while swimming. |

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John J. Maloney (Hyattsville, Md) M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☒
DATE SIGNED 4-21-54

| 23. BURIAL, CREMATION, REMOVAL (Specify): | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | 4/24/54 | Mt. Olivet Cemetery | Washington, D.C. |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| April 23 1954 | James Devey | Talley's Funeral Home Inc. | 3200 - R.I. Ave. Mt. Rainier, Md. |
| 24 APRIL 1954 | M. Beachead | | |

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

RECEIVED
APR 27 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

3910

# CERTIFICATE OF DEATH

03860

Reg. Dist. No. 242

**1. PLACE OF DEATH:**
County Pr. Geo's.
City or town RURAL-Seat Pleasant
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 61 yrs. in surrounding community:
Hospital, Institution, or street address where death occurred
Central-Avenue & Ritchie Road, S.E.
How long in hospital or institution? --

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)
State Maryland County Pr. Geo's.
City or town RURAL- Seat Pleasant
(If outside city or town limits, write RURAL and give nearest town)
Street No. Cor. Ritchie Rd. & Central Ave., S.E.
(If rural, give LOCATION)
2.(a) If veteran, name war --

**3. (a) FULL NAME** Maria Berry Dobyns

**3. (b) Social Security Number**

4. Sex: Female
5. Color or race: White
6.(a) Single, married, widowed, or divorced: Widowed
6.(b) Name of husband or wife: Thomas A. Dobyns, deceased.
6.(c) If alive, give age ... years
7. Birth date of deceased (mo., day, yr.)

**8. AGE:** Years 88 | Months | Days | If less than one day ... hrs. ... min.

9. Birthplace: Graden Farm, Largo, Md., (Pr. Geo's. County) (Town, county, and state)
10. Usual occupation: Hswf
11. Industry or business: Own Home.

MOTHER FATHER
12. Name: George Washington Berry
13. Birthplace: Pr. Geo's County, Md.
14. Maiden name: Mary Holliday Hawkins Dorset
15. Birthplace: Davidsonville, (A.A.Co.) Md.

16. Informant: Col. Thos. G. Dobyns, USA
Address: 5301 Worthington Drive, N.W., Washington, D. C.
17. Burial (Burial, cremation, or removal, Which?) Date thereof 4/10/54 (month) (day) (year)
Cemetery or crematory: St. Barnabas Episcopal Cem.
Location: Leland, Maryland.
18. Funeral director: Ritchie Brothers Funeral Home
Address: Upper Marlboro, Maryland.
19. Apr. 9 1954 (Date rec'd by registrar) Carrie T. Campbell Registrar

**MEDICAL CERTIFICATION**

20. DATE OF DEATH April 7 1954 at 7:40 A.M.
21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Sept 21 1948 to April 7 1954 and that I last saw her alive on April 6 1954

| Immediate cause of death | DURATION |
|---|---|
| Congestive Heart Failure | 4 days |
| Due to | |
| Due to Arteriosclerotic Heart Disease | 10 years |

Other conditions 4 d.
(Include pregnancy within 3 months of death)
Major findings of operations ... Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ... Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ... Injured at work?

23. SIGNATURE W. Suit Ritchie MD
M. D. or other
7005 Ritchie Rd SE
Address Wash 27 D.C. Date signed 4/7/54

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

RECEIVED
APR 13
BUREAU V. S.

MARYLAND 3869

STATE DEPARTMETT OF HEALTH

03861

# CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly 24
LENGTH OF STAY (in this place) 16 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY P.G.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hyattsville 15
STREET ADDRESS (If rural, give location) 4118 Woodbury St.

3. NAME OF DECEASED (Type or Print) (First) Beverly (Middle) Arlene (Last) Downing

4. DATE OF DEATH (Month) 4 (Day) 15 (Year) 1954

5. SEX F

6. COLOR OR RACE W

7. SINGLE, ~~MARRIED, WIDOWED, DIVORCED~~ (Specify) Single

8. DATE OF BIRTH 3-27-35

9. AGE last birthday 19 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Secretary - Rice Insurance Company

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Md.

12. CITIZEN OF WHAT COUNTRY U.S.

13. FATHER'S NAME Arthur Downing

14. MOTHER'S MAIDEN NAME Mildred Slowning Hagen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) —

16. SOCIAL SECURITY NO. —

17. INFORMANT AND ADDRESS Arthur Slowning University Park Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

216X

Immediate cause (a) Massive Pulmonary Embolism — INTERVAL BETWEEN ONSET AND DEATH: 10 minutes

Antecedent cause(s) (b) Thrombophlebitis of inferior vena cava, right common iliac — ?

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Right colic abscess. Subphrenic & Subhepatic abscesses — 16 days

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Post operative for right ovarian cyst & appendix — 3 weeks.

19a. DATE OF OPERATION 2

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-24, 1954, to 4-15, 1954, that I last saw the deceased alive on 4-15, 1954, and that death occurred at 9:45 A m., from the causes and on the date stated above.

SIGNATURE R D Bauer (Degree or title) M.D. ADDRESS Hyattsville Md. DATE SIGNED 4-15-54

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE 4/19/54 NAME OF CEMETERY OR CREMATORY Loudon Park Cemetery LOCATION (City, town, or county) Baltimore (State) Md.

DATE REC'D BY LOCAL REG. 4/19/54 REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR F Gascha Sons Hyattsville Md ADDRESS

MARGIN RESERVED FOR BINDING

M

I

RECEIVED
APR 22 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3911

# CERTIFICATE OF DEATH

03862

Reg. Dist. No. 245

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) University Park X
LENGTH OF STAY (in this place) 6 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4413 Van Buren Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Pr.Geo.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) University Park
STREET ADDRESS (If rural give location) 4413 Van Buren Street.

3. NAME OF DECEASED: (Type or Print) (First) JOSEPH (Middle) MICHAEL (Last) ESSEX

4. DATE OF DEATH: (Month) April (Day) 7th, (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: Nov.27/1897
9. AGE last birthday: 56 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Auditor
10b. KIND OF BUSINESS OR INDUSTRY: Md.Electronic Corp.
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William T. Essex
14. MOTHER'S MAIDEN NAME: Rose Kline

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW1
16. SOCIAL SECURITY No.: 220-32-5217
17. INFORMANT & ADDRESS: Mary D. Essex, 4413 Van Buren St. University Park, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X

Immediate cause (a) C. V. A. — Interval Between Onset And Death 4/7/54.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Hypertensive arteriosclerotic disease.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 1, 1942 to 4/7, 1952, that I last saw the deceased alive on 4/7, 1954, and that death occurred at 11 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) George [illegible] M.D. ADDRESS 3717-38th Ave Cottage City Md DATE SIGNED 4/7/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF April 12/54
NAME OF CEMETERY OR CREMATORY Arlington Nat'l Cem.
LOCATION (City, town, or county) (State) Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR April 8 1954
REGISTRAR'S SIGNATURE James Devery

24. FUNERAL DIRECTOR W.W.Chambers Company, ADDRESS Riverdale, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 1?
BUREAU V. S.

03863

MARYLAND 3856

STATE DEPARTMETT OF HEALTH

# CERTIFICATE OF DEATH

Reg. Dist. No. 265

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville 15
LENGTH OF STAY (in this place) 10 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5002 - 43rd Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville 15
STREET ADDRESS (If rural, give location) 5002 - 43rd Ave.

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) A. (Last) Flood

4. DATE OF DEATH (Month) April (Day) 7 (Year) 1954

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH 28 Sept 1862
9. AGE last birthday 91 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY own home
11. BIRTHPLACE (State or foreign country) Washington, D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Larman
14. MOTHER'S MAIDEN NAME Mary Wakenight

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Agnes Flood Same as #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.2

Immediate cause (a) Myocarditis

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH 1 yr.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1950, to Apr 7, 1954 that I last saw the deceased alive on Apr 7, 1954, and that death occurred at 10 P m., from the causes and on the date stated above.

SIGNATURE Jordan Hays (Degree or title) M.D. ADDRESS Hyattsville, Md DATE SIGNED 4-8-54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 4/10/54
NAME OF CEMETERY OR CREMATORY Glenwood Cemetery
LOCATION (City, town, or county) Washington, D.C. (State)

DATE REC'D BY LOCAL REG. April 8, 1954
REGISTRAR'S SIGNATURE James Devey
24. FUNERAL DIRECTOR F. Gasch's Sons. ADDRESS Hyattsville, Md.

RECEIVED
APR 12 1954

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03864

3912

# CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Glenn Dale (rural)
LENGTH OF STAY (in this place) 1 yr., 5 mos., and 2 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D. C. COUNTY -
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington
STREET ADDRESS (If rural give location) 630 G. St., N. W.

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) B (Last) FRISINA

4. DATE OF DEATH: (Month) 4 (Day) 19 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 4/28/1873
9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR Months - Days - IF UNDER 24 HRS. Hours - Min. -

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Barber
10b. KIND OF BUSINESS OR INDUSTRY: 514 G. St., N. W. Washington, D. C.
11. BIRTHPLACE (State or foreign country): Italy
12. CITIZEN OF WHAT COUNTRY? Unknown

13. FATHER'S NAME: Pedro Frisina
14. MOTHER'S MAIDEN NAME: Girolana Arcoleo

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) -
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT & ADDRESS: Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
002X
Immediate cause (a) Pulmonary Tuberculosis
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)
DUE TO
(c)
Interval Between Onset And Death 26 mo

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arterio Sclerotic Heart Disease not known

19a. DATE OF OPERATION: 2
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/17, 1952, to 4/19, 1954, that I last saw the deceased alive on 4/19, 1954, and that death occurred at 9:20 AM, from the causes and on the date stated above.
SIGNATURE Martin Ketter (Degree or title) M. D. ADDRESS Glenn Dale Hospital Glenn Dale, Md. DATE SIGNED 4/19/54

23. ~~BURIAL, CREMATION,~~ REMOVAL (Specify) Removal
DATE THEREOF 4/19/54
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) (State) Washington D.C.
DATE REC'D BY LOCAL REGISTRAR 4/19/54
REGISTRAR'S SIGNATURE Moe Weiss
24. FUNERAL DIRECTOR Suffill Funeral Home ADDRESS 475 H St. N.W. Washington, D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 23 1954
BUREAU V. S.

04820

MARYLAND 3870

STATE DEPARTMETT OF HEALTH

# CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly
LENGTH OF STAY (in this place) 4 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY ?
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington 20
STREET ADDRESS (If rural, give location) 6358 Allentown Rd.

3. NAME OF DECEASED (Type or Print) (First) Baby (Middle) Girl (Last) Fulton

4. DATE OF DEATH (Month) April (Day) 13. (Year) 1954

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH 13 Apr 1954
9. AGE last birthday yrs. If under 1 year Months. Days If under 24 hrs. Hours 4 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Roy T. Fulton
14. MOTHER'S MAIDEN NAME Betty Lee Southard.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS 6358 Allentown, Rd. Betty Lee Fulton - Washington 20, D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Primary atelectasis

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Prematurity

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/13, 1954 to 4/13, 1954, that I last saw the deceased alive on 4/13, 1954, and that death occurred at 11.09 p.m., from the causes and on the date stated above.

SIGNATURE F. Christensen (Degree or title) ADDRESS College Park DATE SIGNED 4/14/54

23. BURIAL, CREMATION REMOVAL (Specify) Cremation DATE 5/7/54 NAME OF CEMETERY OR CREMATORY Prince Georges Gen Hosp LOCATION (City, town, or county) Cheverly (State) Md

DATE REC'D BY LOCAL REG. 5/14/54 REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR Harry W Penn Jr ADDRESS Supt

2044162 x 30

RECEIVED
7 1954
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03865

3871

# CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:
COUNTY Pr. Geo. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pr Geo. Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Pr. Geo.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) W. Hyattsville
STREET ADDRESS (If rural give location) 1516 Jonathan St

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) (Last) GEDEON

4. DATE OF DEATH: (Month) 4 - (Day) 5 - (Year) 1954

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: 1903
9. AGE last birthday: 50 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): TYPESETTER
10b. KIND OF BUSINESS OR INDUSTRY: Wash. Post & Times Herald
11. BIRTHPLACE (State or foreign country): Ohio
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Gedeon
14. MOTHER'S MAIDEN NAME: Elizabeth ?

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocardial infarct — Interval Between Onset And Death: 24 hours

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO Coronary Insufficiency — 3 years

(c) DUE TO

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) none
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —
(CITY OR TOWN) — (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) none m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Sept., 1954, to Apr. 4, 1954, that I last saw the deceased alive on Apr. 4, 1954, and that death occurred at 12:30 AM, from the causes and on the date stated above.

SIGNATURE Irwin M. Grossgreen (Degree or title) M.D. 2503 Queens ADDRESS Chapel Rd. Mt Rainier DATE SIGNED Ned 4-5-54

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
DATE THEREOF 4/8/54
NAME OF CEMETERY OR CREMATORY Ft. Lincoln
LOCATION (City, town, or county) (State) Pr. Geo Co., Md.

DATE REC'D BY LOCAL REGISTRAR 4/5/54
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR The S.H. Hines Co ADDRESS 2901-14th St N.W., Wash., D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
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BUREAU V. S.

3472

03866
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly

VS. A15A - 5 - 53

**1. PLACE OF DEATH:**
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Hospital D.O.A.

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
STATE Maryland COUNTY Prince George's
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Hyattsville Maryland.
STREET ADDRESS (If rural, give location) 5108 42th avenue,.

**3. NAME OF DECEASED:** (First) Martin Charles (Middle) (Last) Gerhold
**4. DATE OF DEATH** (Month) April (Day) 18, (Year) 1954.

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE Last birthday | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| male | white | married | April 8, 1911 | 43 years yrs. | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Contractor | Home Improvement Co | Chicago Illinois | U S A |

**13. FATHER'S NAME:** George Gerhold
**14. MOTHER'S MAIDEN NAME:** Gertrude ?

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO.: | 17. INFORMANT & ADDRESS: |
|---|---|---|---|
| no | NO | | Dorothy S. Gerhold Hyattsville Maryland. |

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

| | | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|---|
| Immediate cause | (a) | Asphyxia | |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last | DUE TO (b) | Carbon monoxide poisoning | |
| | DUE TO (c) | | |

973.1

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

| 19a. DATE OF OPERATION: | 19b. MAJOR FINDING OF OPERATION: | 20. AUTOPSY? Yes ☐ No ☒ |
|---|---|---|

| 21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. | 21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY Home | 21c. (City or town) (County) (State) Hyattsville, Pr. Geo's Md |
|---|---|---|

| 21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 4-18-54 4 M. | 21e. INJURY OCCURRED While at work ☐ Not while at work ☒ | 21f. HOW DID INJURY OCCUR? Inhalation of fumes from auto-exhaust |
|---|---|---|

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☒, Homicide ☐, Undetermined cause ☐.

SIGNATURE John J. Maloney (Hyattsville, Md) M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 4-18-54

| 23. BURIAL, CREMATION, REMOVAL (Specify): | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | 4/21/54 | Congressional Cemetery | Washington D.C. |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 4/19/1954 | Amanda Deaney | H. Bonifant Sons | Hyattsville, Md. |

RECEIVED
APR 22 19
BUREAU V. S.

03868

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

2913

# CERTIFICATE OF DEATH

Reg. Dist. No. 232

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Croom Sta
LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Croom Sta. Upper Marlboro Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Upper Marlboro Md. COUNTY Pr Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Croom Sta Md X
STREET ADDRESS (If rural, give location) Upper Marlboro (Croom Sta)

3. NAME OF DECEASED (Type or Print) (First) George (Middle) W. (Last) Griffith

4. DATE OF DEATH (Month) Apr (Day) 10 (Year) 1954

5. SEX Male

6. COLOR OR RACE Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH June 11, 1907 ~~Oct 22 1910~~

9. AGE last birthday 46 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer (Tenant)

10b. KIND OF BUSINESS OR INDUSTRY ~~Farmer~~ Tobacco

11. BIRTHPLACE (State or foreign country) Pr George Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Louis Griffith

14. MOTHER'S MAIDEN NAME Mary Frances Neuman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT William Griffith Upper Marlboro, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

204.4

Immediate cause (a) Spontaneous Pneumothorax (2d lung) — INTERVAL BETWEEN ONSET AND DEATH: 1 day

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chr. myelogenous Leukemia — 2 yrs

(c) —

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. — none of note

19a. DATE OF OPERATION none

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) Natural Cause

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from May 13, 1952, to Apr 10 1954, that I last saw the deceased alive on Apr 9, 1954, and that death occurred at 2:30 P.m., from the causes and on the date stated above.

SIGNATURE Paul C Van Yatte (Degree or title) ADDRESS 5440 Silver Hill Rd SE Washington 28 DC DATE SIGNED Apr 10 1954

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 4/13/54

NAME OF CEMETERY OR CREMATORY Mt. Carmel Cemetery

LOCATION (City, town, or county) (State) Upper Marlboro, Md.

DATE REC'D BY LOCAL REG. April 12 1954

REGISTRAR'S SIGNATURE John F. Danner

24. FUNERAL DIRECTOR Ritchie Bros. ADDRESS Upper Marlboro, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 14 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3873 03869

# CERTIFICATE OF DEATH

Reg. Dist. No. 239

1. PLACE OF DEATH: COUNTY Prince George's MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Laurel 41
LENGTH OF STAY (in this place) 9 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Old Gun Powder Road, Rt.#2

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montg.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring (Burnt Mills)
STREET ADDRESS (If rural give location) Colesville Road

3. NAME OF DECEASED: (Type or Print) (First) Burton (Middle) R. (Last) Hardisty
4. DATE OF DEATH: (Month) April (Day) 8 (Year) 1954
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: April 7, 1885
9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Carpenter
10b. KIND OF BUSINESS OR INDUSTRY: Wash. Suburban Sanitary Commission
11. BIRTHPLACE (State or foreign country): Montgomery County, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: John Hardisty
14. MOTHER'S MAIDEN NAME: Katherine Lindsey
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: none
17. INFORMANT & ADDRESS: Mrs. Katherine Mae Hardisty, Burnt Mills, SS., Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 331X (a) Cerebral hemorrhage DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Malignant hypertension DUE TO

(c)

Interval Between Onset And Death: 5 days

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/28/, 1954, to 8, 1954 that I last saw the deceased alive on 4/2/, 1954, and that death occurred at 6 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Patrick C Jameson M.D. ADDRESS 1944 Seminary Rd Silver Spring, Md DATE SIGNED 4/9/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF April 11, 1954 NAME OF CEMETERY OR CREMATORY Colesville Cemetery LOCATION (City, town, or county) (State) Colesville, Maryland

DATE REC'D BY LOCAL REGISTRAR Apr 13-54 REGISTRAR'S SIGNATURE M. Brashears 24. FUNERAL DIRECTOR Warner E. Pumphrey ADDRESS Silver Spring, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

# MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information called for. The correct age is especially important. Physicians: please write the name of death clearly and legibly.

**1. PLACE OF DEATH:**
COUNTY Prince georges MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Cheverly
LENGTH OF STAY (in this place) Headquarters
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges General Hospital

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
STATE Maryland COUNTY P. G.
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Upper Marlboro
STREET ADDRESS (If rural, give location) Box 224 Rt #—

**3. NAME OF DECEASED:** (Type or Print) (First) James (Middle) Michael (Last) Harley Jr

**4. DATE OF DEATH** (Month) April (Day) 24 (Year) 19 54

**5. SEX:** male

**6. COLOR OR RACE:** Colored

**7. SINGLE, MARRIED, WIDOWED, DIVORCED** (Specify): Single

**8. DATE OF BIRTH:** March 8, 1954

**9. AGE** last birthday: yrs. IF UNDER 1 YEAR Months 6 Days — IF UNDER 24 HRS. Hours — Min. —

**10a. USUAL OCCUPATION** (Give kind of work done during most of work life, even if retired): None

**10b. KIND OF BUSINESS OR INDUSTRY:**

**11. BIRTHPLACE** (State or foreign country): Maryland

**12. CITIZEN OF WHAT COUNTRY?** U.S.A.

**13. FATHER'S NAME:** James Michael Harley Sr.

**14. MOTHER'S MAIDEN NAME:** Mary Butler

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unk.) No (If Yes, give war or dates of service)

**16. SOCIAL SECURITY NO.:**

**17. INFORMANT & ADDRESS:** James M. Harley, same address

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Congestive heart failure

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Lobular pneumonia

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. 21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY 21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M. 21e. INJURY OCCURRED While at work ☐ Not while at work ☐ 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE James T. Boyd M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☑ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 4-24-54

23. BURIAL, CREMATION, REMOVAL (Specify): Removal DATE THEREOF 4/24/54 NAME OF CEMETERY OR CREMATORY Rawlins Funeral Home LOCATION (City, town, or county) 4339 Hunt Pl N E (State)

DATE REC'D BY LOCAL REG. 4/24/54 REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR Wm H. Rawlins ADDRESS Washington, D C

2 34 4 93

VS. A15A - 5 - 53

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BUREAU V. S.

03871

# MARYLAND STATE DEPARTMENT OF HEALTH

3875

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Georges, MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland, COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN College Park
STREET ADDRESS (If rural give location) 5030 Geronimo Street

3. NAME OF DECEASED (Type or Print): (First) Teresa (Middle) Atlantic (Last) Harrington

4. DATE OF DEATH: (Month) April (Day) 19 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: July 17, 1882

9. AGE last birthday: 71 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Atlantic Ocean

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Robert B. Tillgeren

14. MOTHER'S MAIDEN NAME: Christine Anderson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) UNKNOWN (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs. Marion Finegan - Daughter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

Immediate cause (a) Pulmonary Edema — Interval Between Onset and Death: 2 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Chronic Passive Congestion — years

(c) Heart Failure — years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic Heart Disease — years

19a. DATE OF OPERATION: /

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov, 1953, to Apr 19, 1954, that I last saw the deceased alive on 4/19, 1954, and that death occurred at 5:50 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

William M. Lesser M.D 30-B Ridge Rd: Greenbelt Md 4/19/54

23. BURIAL, CREMATION, REMOVAL (Specify): Removal
DATE: 4/20/54
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) (State): Rockland, Mass.

DATE REC'D BY LOCAL REG. 4/20/54
REGISTRAR'S SIGNATURE: Amanda Downey

24. FUNERAL DIRECTOR: Wilbert C. Vincent ADDRESS: 2525 Bladensburg Rd. NE. Washington, D. C.

VS. A15

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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

# MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 231

3657

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use the correct age is especially important. Physicians: please write the causes of death clearly and legibly

VS. A15A - 5 - 53

**1. PLACE OF DEATH:**
COUNTY: Prince George's — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cheverly — LENGTH OF STAY (in this place): D.O.A.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Prince George's Gen. Hosp.

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
STATE — COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN: Washington D.C.
STREET ADDRESS (If rural, give location): 4252 - Clay St., N.E.

**3. NAME OF DECEASED:** (First) James (Middle) Cornelius (Last) Hawkins
**4. DATE OF DEATH:** (Month) 4 (Day) 11 (Year) 1954
**5. SEX:** Male
**6. COLOR OR RACE:** Colored
**7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):** Single
**8. DATE OF BIRTH:** Sept - 27, 1906
**9. AGE last birthday:** 47 yrs.
IF UNDER 1 YEAR: Months — Days
IF UNDER 24 HRS.: Hours — Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of work life, even if retired): Laborer
**10b. KIND OF BUSINESS OR INDUSTRY:** Garage
**11. BIRTHPLACE** (State or foreign country): Maryland
**12. CITIZEN OF WHAT COUNTRY?** U.S.A.

**13. FATHER'S NAME:** Phillip Hawkins
**14. MOTHER'S MAIDEN NAME:** Fannie Wells
**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unk.) (If Yes, give war or dates of service): 1
**16. SOCIAL SECURITY NO.:**
**17. INFORMANT & ADDRESS:** Delia Harley - 4252 Clay St. N.E. Washington D.C.

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
Immediate cause (a) Shock — INTERVAL BETWEEN ONSET AND DEATH
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) Fracture dislocation of 1st cervical vertebra and cerebral contusion
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

**19a. DATE OF OPERATION:**
**19b. MAJOR FINDING OF OPERATION:**
**20. AUTOPSY?** Yes [X] No [ ]

**21a. EXTERNAL CAUSE WAS** PRIMARY [X] or CONTRIBUTING [ ] CAUSE OF DEATH.
**21b. PLACE** (Home, farm, factory, OF INJURY street, office bldg., etc.): Street
**21c.** (City or town) College Park — (County) Pr. Geo's — (State) Md.
**21d. TIME** (Month) (Day) (Year) (Hour) OF INJURY: 4 - 11 - 54 1:30 P.M.
**21e. INJURY OCCURRED** While at work [ ] Not while at work [X]
**21f. HOW DID INJURY OCCUR?** Driver of auto — bike in collision with tree

22. I hereby certify that I took charge of the remains described above, held an Autopsy [X], Inspection [X], Inquiry [X], and find that death resulted from: Natural causes [ ], Accident [X], Suicide [ ], Homicide [ ], Undetermined cause [ ].

SIGNATURE: John J. Maloney (Hyattsville, Md.) M. D.
CHIEF MEDICAL EXAMINER [ ] DEPUTY MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAM. [X]
DATE SIGNED: 4-11-54

**23. BURIAL, CREMATION, REMOVAL** (Specify): Removal
DATE THEREOF: 4/11/1954
NAME OF CEMETERY OR CREMATORY: H.S. Washington & Sons Inc.
LOCATION (City, town, or county) (State): 467 N. St. N.W. Wash. D.C.
DATE REC'D BY LOCAL REG.: 4/11/54
REGISTRAR'S SIGNATURE: Amanda Downey
**24. FUNERAL DIRECTOR** ADDRESS: H.S. Washington & Sons Inc. 467 N. St. N.W. Wash. D.C.

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MARYLAND

STATE DEPARTMETT OF HEALTH

3914

# CERTIFICATE OF DEATH

Reg. Dist. No. 239

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Laurel
LENGTH OF STAY (in this place) 42 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural, Laurel, Md.
STREET ADDRESS (If rural, give location) Rte 1, Laurel, Md.

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) Catherine (Last) Herberson

4. DATE OF DEATH (Month) 4 (Day) 7 (Year) 1954

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed.
8. DATE OF BIRTH 8/15/1881
9. AGE last birthday 72 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? Citizen

13. FATHER'S NAME Thomas Peters
14. MOTHER'S MAIDEN NAME Florence Mantler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) —
16. SOCIAL SECURITY No. None
17. INFORMANT AND ADDRESS 602 Park Ave Cyrena Veitch, Laurel, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| 331X Immediate cause | (a) Cerebro-Vascular Accident | 24 hrs. |
| Antecedent cause(s) | | |
| Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Arteriosclerosis | 15-20 yrs. |
| | (c) Hypertension | 15-20 yrs. |

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebro-Vascular Accident, Old.

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION None
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) None
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) None
(CITY OR TOWN) None (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) None m.
INJURY OCCURRED While at Work ☐ No While At work ☐ None
HOW DID INJURY OCCUR? None

22. I hereby certify that I attended the deceased from 7/11, 1953 to 4/7, 1954, that I last saw the deceased alive on 4/7, 1954, and that death occurred at 10:55P m., from the causes and on the date stated above.

SIGNATURE R. L. Erickson MD. (Degree or title) ADDRESS Laurel, Maryland DATE SIGNED 4/8/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 4/10/54
NAME OF CEMETERY OR CREMATORY Ivy Hill Cemetery
LOCATION (City, town, or county) Laurel, Maryland (State)

DATE REC'D BY LOCAL REG. Apr 10 - 1954
REGISTRAR'S SIGNATURE M. Brashears
24. FUNERAL DIRECTOR Dr. Witt Donaldson, Laurel, Md. ADDRESS

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03874

MARYLAND 3877

STATE DEPARTMETT OF HEALTH

# CERTIFICATE OF DEATH

Reg. Dist. No. 245

| | |
|---|---|
| 1. PLACE OF DEATH COUNTY: Prince George's MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Maryland COUNTY: Pr. Geo. |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Riverdale 20 — LENGTH OF STAY (in this place): 1 day | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Riverdale 20 |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS: Leland Memorial Hospital 20 | STREET ADDRESS (If rural, give location): 5411 Jefferson St. |

| | | | | | |
|---|---|---|---|---|---|
| 3. NAME OF DECEASED (Type or Print) | (First) Elizabeth | (Middle) ANN | (Last) Johnston | 4. DATE OF DEATH | (Month) April (Day) 26, (Year) 1954 |
| 5. SEX: F | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single | 8. DATE OF BIRTH: April 26, 1954 | 9. AGE last birthday: yrs. | If under 1 year: Months / Days; If under 24 hrs.: Hours 7 Min. 50 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY? U.S. | |
| 13. FATHER'S NAME: Louis Johnston | | | 14. MOTHER'S MAIDEN NAME: Mary Gowley | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service) | 16. SOCIAL SECURITY NO.: — | | 17. INFORMANT AND ADDRESS: Mrs. Mary Johnston - 5411 Jefferson St. Riverdale, Md. | | |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH: 3 hrs

Immediate cause (a) Premature

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| | | |
|---|---|---|
| 19a. DATE OF OPERATION: 0 | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐ |
| 21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE) |
| TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |

22. I hereby certify that I attended the deceased from 4-26-54 ~~5:40 PM~~, 19 ..., to 4-26-54, 19 ..., that I last saw the deceased alive on 4-26, 1954 and that death occurred at 11:30 P m., from the causes and on the date stated above.

SIGNATURE: R. Wilkinson MD (Degree or title) ADDRESS: Leland Memorial Hospital Riverdale Md. DATE SIGNED: 4-27-54

| | | | |
|---|---|---|---|
| 23. BURIAL, CREMATION REMOVAL (Specify): BURIAL | DATE: 4/27/54 | NAME OF CEMETERY OR CREMATORY: WASHINGTON NAT'L | LOCATION (City, town, or county) (State): SUITLAND PR. GEO. MD |
| DATE REC'D BY LOCAL REG: April 27, 1954 | REGISTRAR'S SIGNATURE: James Devey | 24. FUNERAL DIRECTOR: W. W. CHAMBERS Co-RIVERDALE, MD | ADDRESS |

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APR 29 1974
BUREAU V. S.

03876

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3915

## CERTIFICATE OF DEATH

Reg. Dist. No. 231

**1. PLACE OF DEATH:**
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cottage City X
LENGTH OF STAY (in this place) 17 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cottage City X
STREET ADDRESS (If rural, give location) 3907 Quincy St.

**3. NAME OF DECEASED:** (Type or Print) (First) (Middle) (Last) LILLIAN MAE KEFAUVER

**4. DATE OF DEATH:** (Month) (Day) (Year) April 9, 1954 19

**5. SEX:** Female
**6. COLOR OR RACE:** White
**7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):** Married
**8. DATE OF BIRTH:** Nov. 28, 1878
**9. AGE last birthday:** 75 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Housewife
**10b. KIND OF BUSINESS OR INDUSTRY:** Own Home
**11. BIRTHPLACE** (State or foreign country): Washington D. C.
**12. CITIZEN OF WHAT COUNTRY?**

**13. FATHER'S NAME:** Charles E. Myers
**14. MOTHER'S MAIDEN NAME:** Catharine Iukie

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unk.) (If Yes, give war or dates of service) No
**16. SOCIAL SECURITY NO.:**
**17. INFORMANT & ADDRESS:** Catharine Cook (Daughter) 3907 Quincy St. Cottage City, ~~Pres.~~ Co. Md.

**18. MEDICAL CERTIFICATION**

**I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:** 17 X

Immediate cause (a) Dev. carcinomatosis abdomen — INTERVAL BETWEEN ONSET AND DEATH: Mitast.
DUE TO
Antecedent cause(s) (b) Carcinoma of left ovary — 20 yrs.
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c)

**II. OTHER SIGNIFICANT CONDITIONS:** Conditions contributing to the death but not related to the disease or condition causing death.

**19a. DATE OF OPERATION:** C
**19b. MAJOR FINDINGS OF OPERATION:**
**20. AUTOPSY?** Yes ☐ No ☐

**21. ACCIDENT SUICIDE HOMICIDE** (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-29-53 19..., to 4/9, 1954, that I last saw the deceased alive on 4/9, 1954, and that death occurred at 4 45 p.m., from the causes and on the date stated above.

SIGNATURE George Hagcage (DEGREE OR TITLE) M.D. ADDRESS 3717-38th Ave Cottage City DATE SIGNED 4/9/54

**23. BURIAL, CREMATION REMOVAL** (Specify): Burial
DATE THEREOF Apr. 15, 1954
NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery
LOCATION (City, town, or county) (State) Washington D.C.
DATE REC'D BY LOCAL REG. 4/10/54
REGISTRAR'S SIGNATURE Amanda Downey
**24. FUNERAL DIRECTOR** Joseph F. Birch's Sons ADDRESS 3034 Mt. St. N.W. Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
APR 15 19[illegible]
BUREAU V. S.

43

MARYLAND 3878

03877

STATE DEPARTMETT OF HEALTH

# CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH
COUNTY Prince George's, MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George's General Cheverly

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Prince Geo's.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bradbury Heights
STREET ADDRESS (If rural, give location) 4651 Hillside, Rd.

3. NAME OF DECEASED (Type or Print) (First) Alvin (Middle) Henry (Last) Kuhns

4. DATE OF DEATH (Month) 4 (Day) 6 (Year) 1954

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married

8. DATE OF BIRTH 6-12-13

9. AGE Last birthday 40 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bull Dozer Operator

10b. KIND OF BUSINESS OR INDUSTRY Construction

11. BIRTHPLACE (State or foreign country) Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Charles Anthony Kuhns

14. MOTHER'S MAIDEN NAME Elizabeth Mary Schwartz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No

16. SOCIAL SECURITY NO. (If year, give war or dates of service) 215-18-7151

17. INFORMANT AND ADDRESS Gerald A Kuhns 14610 Young St Detroit Mich

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocardial infarction — Interval between onset and death: 22 hrs

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Coronary congestion & edema

(c) Coronary arteriosclerotic HT disease — ?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-5, 1954, to 4-6, 1954, that I last saw the deceased alive on 4/6, 1954, and that death occurred at 3:30 P. m., from the causes and on the date stated above.

SIGNATURE Julius Kaufman (Degree or title) M. D. ADDRESS 5102 Annap. Rd. Bladensburg Md DATE SIGNED 4/7/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE 4/10/1954 NAME OF CEMETERY OR CREMATORY St Patricks LOCATION (City, town, or county) (State) Hyattsville, Md

DATE REC'D BY LOCAL REG. 4/7/54 REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR Robert A Mattingly ADDRESS 131-11th St SE Wash DC.

MARGIN RESERVED FOR BINDING

RECEIVED
APR 12 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03878

3879

# CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

**1. PLACE OF DEATH:**
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Cheverly
LENGTH OF STAY (in this place) 9 wks.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo General Hosp.

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
STATE Maryland COUNTY Pr. Geo's.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Upper Marlboro
STREET ADDRESS (If rural, give location)

**3. NAME OF DECEASED: (Type or Print)** (First) MARY (Middle) Etta (Last) LAWLESS

**4. DATE OF DEATH:** (Month) April (Day) 8 (Year) 19 54

**5. SEX:** Female

**6. COLOR OR RACE:** White

**7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)** Widowed

**8. DATE OF BIRTH:** June 23, 1872

**9. AGE last birthday:** 81 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Hswf.

**10b. KIND OF BUSINESS OR INDUSTRY:** (Own Home)

**11. BIRTHPLACE** (State or foreign country): Maryland.

**12. CITIZEN OF WHAT COUNTRY?** U.S.A.

**13. FATHER'S NAME:** Isham Flowers

**14. MOTHER'S MAIDEN NAME:** Angeline Adams

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unk.) No (If Yes, give war or dates of service) --

**16. SOCIAL SECURITY No.:** ----

**17. INFORMANT & ADDRESS:** Mrs. Etta Baldwin, 7414 Gateway Blvd, District Heights, Maryland.

**18. MEDICAL CERTIFICATION**

**I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:**

Immediate cause (a) Bronchial Pneumonia — Interval between onset and death: 4 days

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Arteriosclerotic Cardio Vascular Renal Disease — 15 years

DUE TO

(c)

**II. OTHER SIGNIFICANT CONDITIONS:** Conditions contributing to the death but not related to the disease or condition causing death. Fractured hip

**19a. DATE OF OPERATION:**

**19b. MAJOR FINDINGS OF OPERATION:**

**20. AUTOPSY?** Yes ☐ No ☐

**21. ACCIDENT / SUICIDE / HOMICIDE** (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 29, 19 52 to Apr 8, 19 54, that I last saw the deceased alive on Apr 8, 19 54, and that death occurred at 5:25 p. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

William Brannin MD 614 Central Ave Capitol Hts Md 4/12/54

**23. BURIAL, CREMATION REMOVAL (Specify):** Burial

DATE THEREOF 4/12/54

NAME OF CEMETERY OR CREMATORY Forest Memorial Cem.

LOCATION (City, town, or county) Forestville, (State) Md.

DATE REC'D BY LOCAL REG. 4/14/54

REGISTRAR'S SIGNATURE Amanda Downey

**24. FUNERAL DIRECTOR** ADDRESS Ritchie Bros. Upper Marlboro, Md.

RECEIVED
APR 19 1954
BUREAU V. S.

03879

MARYLAND 3880

STATE DEPARTMETT OF HEALTH

# CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH — COUNTY: Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cheverly — LENGTH OF STAY (in this place): 15 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Prince George Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY: P. G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glendale
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) William (Middle) (Last) Lee

4. DATE OF DEATH: (Month) 4 (Day) 14 (Year) 1954

5. SEX: M — 6. COLOR OR RACE: C — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): — 8. DATE OF BIRTH: 1889 — 9. AGE last birthday: 65 yrs. — If under 1 year: Months. / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Fishing — 10b. KIND OF BUSINESS OR INDUSTRY: — 11. BIRTHPLACE (State or foreign country): Glendale, Md. — 12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: John Lee — 14. MOTHER'S MAIDEN NAME: Fannie Lee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): — (If year, give war or dates of service): — 16. SOCIAL SECURITY NO.: — 17. INFORMANT AND ADDRESS: Close friends

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocardial infarction — Interval Between Onset and Death: 1½ hrs.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic heart disease — Unknown

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Anal insufficiency; prostatic hypertrophy

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION: — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/2/ 1954, to 4/14 1954, that I last saw the deceased alive on 4/14 1954, and that death occurred at 11:50 a. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS — DATE SIGNED
Julius Kaufman, M. D. 5102 Annapolis Rd, Bladensburg, Md. 4/15/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 4/19/54 — NAME OF CEMETERY OR CREMATORY: Rose Methodist Church — LOCATION (City, town or county) (State): Glendale, Md.

DATE REC'D BY LOCAL REG.: 4/16/54 — REGISTRAR'S SIGNATURE: Amanda Downey — 24. FUNERAL DIRECTOR — ADDRESS: Emonson 611 K St. N.W. Wash. DC

MARGIN RESERVED FOR BINDING

RECEIVED
APR 22 1954
BUREAU V. S.

03880

MARYLAND 3881

STATE DEPARTMETT OF HEALTH

# CERTIFICATE OF DEATH

Reg. Dist. No. 2/5

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY Prince George's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale 25 — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Leland Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyds Ridge, Laurel
STREET ADDRESS (If rural, give location) ✓

3. NAME OF DECEASED (Type or Print): (First) Clara (Middle) (Last) Lehmann
4. DATE OF DEATH: (Month) April (Day) 20 (Year) 1954

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Jan 14 1874
9. AGE last birthday: 80 yrs. — If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Germany
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Conrad Trimper
14. MOTHER'S MAIDEN NAME: Marie Gunther

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If year, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS: Edward Lehmann, Laurel Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Skull Fracture with Brain — 4 days
Antecedent cause(s) (b) Cerebral Hemorrhage — 4 Hrs
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Chronic Myocarditis — 4 Yrs
Generalized Arteriosclerosis — 10 Yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic Nephritis — 4 yrs.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT ✓ / SUICIDE / HOMICIDE (Specify) accident — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home — (CITY OR TOWN) Laurel — (COUNTY) Howard — (STATE) Md
TIME OF INJURY (Month) 4 (Day) 16 (Year) 54 (Hour) 1 p.m. — INJURY OCCURRED While at Work ☐ Not While At work ☒ — HOW DID INJURY OCCUR? Fell down stairs

22. I hereby certify that I attended the deceased from 9/2, 1953, to 4/20, 1954, that I last saw the deceased alive on 4/19, 1954 and that death occurred at 7:20 p.m., from the causes and on the date stated above.
SIGNATURE (Degree or title) F M Warren MD — ADDRESS Laurel — DATE SIGNED 4/21/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE 4/23/54 — NAME OF CEMETERY OR CREMATORY Any Hill Cemetery — LOCATION (City, town, or county) Laurel — (State) Maryland
DATE REC'D BY LOCAL REG. 4/22/54 — REGISTRAR'S SIGNATURE James Dever
24. FUNERAL DIRECTOR DeWitt Donaldson — ADDRESS Laurel Md

RECEIVED
APR 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03881

3916

# CERTIFICATE OF DEATH

Reg. Dist. No. 234

1. PLACE OF DEATH: Prince Georges
COUNTY 207 Winthrop St MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Hill Md. | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 207 Winthrop St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Hill
STREET ADDRESS (If rural give location) 207 Winthrop St

3. NAME OF DECEASED: (Type or Print) (First) EMIL (Middle) (Last) LEHMAN

4. DATE OF DEATH: (Month) APRIL (Day) 2 (Year) 1954

5. SEX: M | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower | 8. DATE OF BIRTH: Nov. 20 1893. | 9. AGE last birthday: 60 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): | 10b. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): Austria | 12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: unknown | 14. MOTHER'S MAIDEN NAME: unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY No.: | 17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of lung. DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death: 1yr.

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0 | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1953, to April, 1954, that I last saw the deceased alive on April 2, 1954, and that death occurred at 10 a.m., from the causes and on the date stated above.
SIGNATURE AND (Degree or title) M.D. ADDRESS 10 Audrey Lane Oxy Hill DATE SIGNED 4-2-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 5-5-1954 | NAME OF CEMETERY OR CREMATORY Montefiore Cemet | LOCATION (City, town, or county) Long Island N.Y. (State)

DATE REC'D BY LOCAL REGISTRAR 4/7/53 | REGISTRAR'S SIGNATURE Howard J. Beall | 24. FUNERAL DIRECTOR B. Danzansky & Son | ADDRESS 3507-14 St NW Wash DC

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR
BUREAU V. S.

3857 03882

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH:
COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville Md
LENGTH OF STAY (in this place) 3 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1802 Langley Way

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince George's
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Hyattsville Md.
STREET ADDRESS (If rural, give location) 1802 Langley Way

3. NAME OF DECEASED: (Type or Print) (First) JOEL (Middle) (Last) LEVENSON

4. DATE OF DEATH (Month) (Day) (Year) April 5, 1954.

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: 9/19/1916
9. AGE last birthday: 38 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Salesman
10b. KIND OF BUSINESS OR INDUSTRY: Food Store
11. BIRTHPLACE (State or foreign country): Baltimore, Md
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Adolph Levenson
14. MOTHER'S MAIDEN NAME: Anna Winik

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) yes Army
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Mary Levenson Hyattsville, Maryland.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 353.3

Immediate cause (a) Acute congestive heart failure DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Epilepsy DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Cardiovascular renal disease

19a. DATE OF OPERATION: 2
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21c. (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John O. Maloney Hyattsville Md M. D.
CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 4-5-54

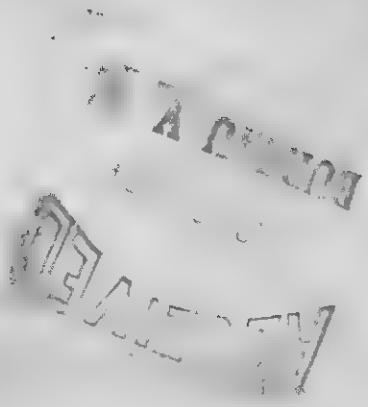
23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 4-6-54
NAME OF CEMETERY OR CREMATORY Arlington Nat Cem
LOCATION (City, town, or county) (State) Arlington Va

DATE REC'D BY LOCAL REG. April 5 1954
REGISTRAR'S SIGNATURE James Severy
24. FUNERAL DIRECTOR B Danzansky & Son ADDRESS 3501 Fifth St NW

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A-5-53



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

3882 03883

# CERTIFICATE OF DEATH

Reg. Dist. No. 239

1. PLACE OF DEATH COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel
LENGTH OF STAY (in this place) 25 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Laurel Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED STATE District of Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 5409-31st St. N.W.

3. NAME OF DECEASED (Type or Print) (First) LOUIS (Middle) C. (Last) LEVY
4. DATE OF DEATH (Month) (Day) (Year) 4-19-1954
5. SEX Male
6. COLOR OR RACE White
7. ~~SINGLE, MARRIED, WIDOWED~~, DIVORCED, (Specify)
8. DATE OF BIRTH 2-15-1880
9. AGE last birthday 74 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Technical Writer
10b. KIND OF BUSINESS OR INDUSTRY Signal Corps
11. BIRTHPLACE (State or foreign country) California
12. CITIZEN OF WHAT COUNTRY U.S.A.
13. FATHER'S NAME —
14. MOTHER'S MAIDEN NAME —
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) If yes, give war or dates of 2nd World War
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Mrs. Philip E. Forman (daughter) Washington D.C. 5409-31st St. N.W.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH 12 Days

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-25-, 1954, to 4-19, 1954, that I last saw the deceased alive on 4-19-, 1954, and that death occurred at 3:45 P. m., from the causes and on the date stated above.

SIGNATURE James P. Sands (Degree or title) M.D. ADDRESS Laurel Sanitarium, Laurel, Md. DATE SIGNED 4-19-1954

23. BURIAL, CREMATION REMOVAL (Specify) Cremation
DATE THEREOF 4/20/54
NAME OF CEMETERY OR CREMATORY Cedar Hill Cemet
LOCATION (City, town, or county) (State) Md.
DATE REC'D BY LOCAL REG. Apr 19-54
REGISTRAR'S SIGNATURE M. Brashears
24. FUNERAL DIRECTOR B Hanzansky & son ADDRESS 3501 14 St NW.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct date is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 21 1954
BUREAU V. S.

Item 21 Film G165B 5/11/54 ams

3884

03885
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 231

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevrolet
LENGTH OF STAY (in this place) D.O.A.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George Genl Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Charles
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN La Plata
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) Milton (Last) Lorenz
4. DATE OF DEATH (Month) 4 (Day) 29 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: 5-17-18
9. AGE last birthday: 35 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Engineer
10b. KIND OF BUSINESS OR INDUSTRY: Excavating
11. BIRTHPLACE (State or foreign country): Maryland.
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Ralph M. Lorenz.
14. MOTHER'S MAIDEN NAME: Mary S. Hyde.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW II
16. SOCIAL SECURITY No.: 219-05-6352
17. INFORMANT & ADDRESS: Ralph M. Lorenz La Plata Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 823X
Immediate cause (a) Hemorrhage and shock
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Fracture of base of skull, fracture
DUE TO
(c) Pelvis, left femur right radius & ulcer

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Route #301
21c. (City or town) Upper Marlboro (County) PG (State) Md
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 4-29-54 8.45 PM.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐ X
21f. HOW DID INJURY OCCUR? struck a fixed object. Driver of an auto that ran off road and

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑, and find that death resulted from: Natural causes ☐, Accident ☑, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE James D. Boyd M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☑
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 4-30-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 5/3/54
NAME OF CEMETERY OR CREMATORY Arlington Nat. Cemetery
LOCATION (City, town, or county) Arlington Va. (State)

DATE REC'D BY LOCAL REG. 5/2/54
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR Huntland Byon ADDRESS Waldorf Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A-5-53

MAY 4 1954

03884

**MARYLAND** 3883

STATE DEPARTMETT OF HEALTH

# CERTIFICATE OF DEATH

Reg. Dist. No. 231

| | |
|---|---|
| 1. PLACE OF DEATH COUNTY Prince George's MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED STATE New York COUNTY Long Island |
| CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly — LENGTH OF STAY (in this place) 14 days | CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Levittown |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges General Hospital | STREET ADDRESS (If rural, give location) 134 - Coach Lane ✓ |

| | | | | |
|---|---|---|---|---|
| 3. NAME OF DECEASED (Type or Print) (First) William (Middle) (Last) Lopez | | | 4. DATE OF DEATH (Month) April (Day) 9 (Year) 1954 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married | 8. DATE OF BIRTH 6-11-99 | 9. AGE last birthday 54 yrs. If under 1 year Months Days If under 24 hrs. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Horse Trainer | 10b. KIND OF BUSINESS OR INDUSTRY Self | | 11. BIRTHPLACE (State or foreign country) California | 12. CITIZEN OF WHAT COUNTRY? USA |
| 13. FATHER'S NAME Unk | | | 14. MOTHER'S MAIDEN NAME Unk | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unk (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. Unk | | 17. INFORMANT AND ADDRESS Patient | |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.1

Immediate cause (a) Coronary Thrombosis — 15 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| | | |
|---|---|---|
| 19a. DATE OF OPERATION 0 | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑ |
| 21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE) |
| TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |

22. I hereby certify that I attended the deceased from 3-26, 1954, to 4-9, 1954, that I last saw the deceased alive on 4-8, 1954, and that death occurred at 12:01 A.m., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| Norman Dunn Comeau | MD | 3503 Perry St. Unt Rainier Md | 4/9/54 |

| 23. BURIAL, CREMATION REMOVAL (Specify) | DATE | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) | (State) |
|---|---|---|---|---|
| Burial | 4/20/1954 | Evergreen Cemetery | Bladensburg | Md |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 4/19/54 | Amanda Downey | F. Gaddis Sons Hyattsville, | Md |

MARGIN RESERVED FOR BINDING

1

RECEIVED
APR 22 1954
BUREAU V. S.

3917

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03887 Reg. Dist.

# MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 242

**1. PLACE OF DEATH:**
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lanham X
LENGTH OF STAY (In this place) transient
HOSPITAL OR INSTITUTION OR STREET ADDRESS Riverdale Rd. ½ mi. W. of Rt 50

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
STATE Md COUNTY Prince Georges
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Cheverly
STREET ADDRESS (If rural, give location) 6309 Jason St.

| 3. NAME OF DECEASED: (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| Maurice | F. | Mangum | 4 | 3 | 1954 |

| 5. SEX: | 6. COLOR OR RACE: | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): | 8. DATE OF BIRTH: | 9. AGE last birthday: | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| M. | W. | Uncle | 2-10-27 | 27 yrs. | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): | 10b. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Plumber | Plumbing | Washington D.C. | U.S.A. |

| 13. FATHER'S NAME: | 14. MOTHER'S MAIDEN NAME: |
|---|---|
| Maurice E. Mangum | Mary E. Parker |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO.: | 17. INFORMANT & ADDRESS: |
|---|---|---|
| Yes W.W. II | | Raymond Mangum - Same address |

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

819X
Immediate cause (a) Hemorrhage & shock — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) Laceration of heart, lung, spleen & kidney
DUE TO
(c) Crushed chest

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

| 19a. DATE OF OPERATION: | 19b. MAJOR FINDING OF OPERATION: | 20. AUTOPSY? Yes ☒ No ☐ |
|---|---|---|
| | | |

| 21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH. | 21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY Street | 21c. (City or town) | (County) | (State) |
|---|---|---|---|---|
| | | Lanham | Pr. Geo. | Md |

| 21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 4-3-54 5.40 A.M. | 21e. INJURY OCCURRED While at work ☐ Not while at work ☒ | 21f. HOW DID INJURY OCCUR? Driver of automobile, automobile struck guard rail & overturned |
|---|---|---|

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John D. Malone (Hyattsville, Md) M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 4-5-54

| 23. BURIAL, CREMATION, REMOVAL (Specify): | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | Apr 6, 1954 | Arlington National | Arlington Virginia |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| Apr 7-54 | Edna F. Ellis | F. Gasch's Sons | Hyattsville, Maryland. |

VS. A15A - 5 - 53

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

V.S.

3885 03888

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) D.O.A.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges General Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Prince Georges
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Upper Marlboro
STREET ADDRESS (If rural, give location) Dower House Road

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Francis (Last) Marshall
4. DATE OF DEATH (Month) (Day) (Year) Apr. 28 1954

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Sing
8. DATE OF BIRTH: 5-18-1933
9. AGE last birthday: 20 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Janitor
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Richard Phillip Marshall
14. MOTHER'S MAIDEN NAME: Maud Emily Hawkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 214-30-0894
17. INFORMANT & ADDRESS: Raymond Wadsworth Marshall - Same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: INTERVAL BETWEEN ONSET AND DEATH

401.0
Immediate cause (a) Acute congestive heart failure
DUE TO Pulmonary edema
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Adhesive pericarditis
DUE TO (c) Mitral (Hematic) stenosis

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.,
21c. (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John T. Maloney (Hyattsville, Md) M. D.
CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 4-29-54

23. BURIAL, CREMATION, REMOVAL (Specify): DATE THEREOF 4-29-54 NAME OF CEMETERY OR CREMATORY Stewart's Funeral Home LOCATION (City, town, or county) (State) 30 H. St. N.C., Wash. D.C.

DATE REC'D BY LOCAL REG. 4/29/54 REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR John T. Stewart ADDRESS Same as above

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

3886 03889

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

# MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 745

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale
LENGTH OF STAY (in this place) 3 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5617-1 Kennedy St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Pr. Geo.
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Riverdale
STREET ADDRESS (If rural, give location) 5617-1 Kennedy Street

3. NAME OF DECEASED: (Type or Print) (First) Wilbur (Middle) Woodford (Last) May
4. DATE OF DEATH (Month) 4 (Day) 9 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Oct. 23, 1897
9. AGE last birthday: 56 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Guard
10b. KIND OF BUSINESS OR INDUSTRY: Naval Gun Factory
11. BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Claude May
14. MOTHER'S MAIDEN NAME: Anna Edwards

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) W.W. 1
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Wife - Same address.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

44.-X

Immediate cause (a) Acute congestive heart failure

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Cardiovascular renal disease

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, street, office bldg., etc., OF INJURY
21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John J. Maloney (Hyattsville, Md) M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 4/12/1954
NAME OF CEMETERY OR CREMATORY Arlington National
LOCATION (City, town, or county) Arlington (State) Va.

DATE REC'D BY LOCAL REG. April 9 1954
REGISTRAR'S SIGNATURE James Devers
24. FUNERAL DIRECTOR F. Gasch's Sons. Hyattsville, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A-5-53

APR 1

Film#G164 Item# 8,9
4/26/54 emf

03890

**MARYLAND**

3887

STATE DEPARTMETT OF HEALTH

# CERTIFICATE OF DEATH

Reg. Dist. No. 231

3700

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH — COUNTY: Prince Georges — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cheverly — LENGTH OF STAY in this place: 5 hrs-10 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Prince Geo. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY: P. G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hyattsville
STREET ADDRESS (If rural, give location): 4310 Emerson St.

3. NAME OF DECEASED (Type or Print): (First) Charles Carroll (Middle) (Last) Mayhew

4. DATE OF DEATH: (Month) 4 (Day) 20 (Year) 1954

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): divorced

8. DATE OF BIRTH: Feb 25, 1900

9. AGE last birthday: 53 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cook

10b. KIND OF BUSINESS OR INDUSTRY: Arts Diner

11. BIRTHPLACE (State or foreign country): Washington D. C.

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Edwin T Mayhew

14. MOTHER'S MAIDEN NAME: Marry E Harrison

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) / (If year, give war or dates of service): W W I

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Emory H Mayhew — 153 Danbury St S W Washington D. C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 420.0 Massive Intraventricular Brain Hemorrhage — Interval Between Onset and Death: 8 hrs.

Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Pulmonary edema — 8 hrs.
(c) Hypertensive Arteriosclerotic Heart Disease — ?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour): m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/19, 1954, to 4/20, 1954, that I last saw the deceased alive on 4/20/54, 19....., and that death occurred at 2:55 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Julius Kauffman, M.D. — ADDRESS: Bladensburg, Md. — DATE SIGNED: 4/20/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Apr 22, 1954 — NAME OF CEMETERY OR CREMATORY: Arlington National — LOCATION (City, town, or county) (State): Arlington Virginia.

DATE REC'D BY LOCAL REG.: 4/22/54 — REGISTRAR'S SIGNATURE: Amanda Downey

24. FUNERAL DIRECTOR — ADDRESS: F. Gasch's Sons Hyattsville Md.

RECEIVED
APR 23 1954
BUREAU V. S.

03891

MARYLAND

STATE DEPARTMETT OF HEALTH

# 3888 CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Prince George's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY P. G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt Rainier
STREET ADDRESS (If rural, give location) 4301 Russell Ave

3. NAME OF DECEASED (Type or Print): (First) Baby Boy (Middle) (Last) McCauley

4. DATE OF DEATH: (Month) April (Day) 3 (Year) 1954

5. SEX: M — 6. COLOR OR RACE: W — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: April 3-1954 — 9. AGE Last birthday ____ yrs. — If under 1 year: Months ____ Days ____ — If under 24 hrs.: Hours 12 Min. 45

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) — 10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Cheverly, Md — 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Frank McCauley — 14. MOTHER'S MAIDEN NAME: Margaret A. O'Donnell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) — 16. SOCIAL SECURITY NO. —

17. INFORMANT AND ADDRESS: Hospital record

## 18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

7755 Immediate cause (a) Prematurity, 2d born infant. approx 2 4 mths. - born 4-1-54 - live for 12 hrs.

Antecedent cause (s) (b)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/4 , 19 54, to 4/4 , 19 54 that I last saw the deceased alive on 4/4 , 19 54, and that death occurred at 7:15 p.m., from the causes and on the date stated above.

SIGNATURE John Kehoe (Degree or title) ADDRESS Cheverly, Md DATE SIGNED 4-4-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE 4/5/54 — NAME OF CEMETERY OR CREMATORY Mt. Olivet — LOCATION (City, town, or county) (State) Washington, D.C.

DATE REC'D BY LOCAL REG. 4/5/54 — REGISTRAR'S SIGNATURE Amanda Downey — 24. FUNERAL DIRECTOR AND ADDRESS Malley's Funeral Home Inc. 7200 Rhode Island Ave Mt. Rainier, Md.

20442822

RECEIVED
APR
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH 03892

2411 N. Charles Street, Baltimore

3889

# CERTIFICATE OF DEATH

Reg. Dist. No. 239

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel
LENGTH OF STAY (in this place) 3 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel
STREET ADDRESS (If rural, give location) 28 Arundale St.

3. NAME OF DECEASED (Type or Print) (First) Amanda (Middle) Jane (Last) Merson
4. DATE OF DEATH (Month) 4 (Day) 26 (Year) 1954

5. SEX Fem.
6. COLOR OR RACE Wh.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH Sept 3, 1864
9. AGE last birthday 89 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY Hump.
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Unknown.
14. MOTHER'S MAIDEN NAME Julia White head.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Blanch Mahan

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) Cerebral hemorrhage

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Essential hypertension

(c)

INTERVAL BETWEEN ONSET AND DEATH Sudden

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION None
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) No
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) No
(CITY OR TOWN) No (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) No m.
INJURY OCCURRED While at Work ☐ Not While at work ☐
HOW DID INJURY OCCUR? No

22. I hereby certify that I attended the deceased from 4/26, 1954, to 4/26/54, 1954, that I last saw the deceased alive on 4/26/54, 1954, and that death occurred at 11:00 a.m., from the causes and on the date stated above.

SIGNATURE Robert E. Wingfield (Degree or title) M.D. ADDRESS 402 Main St. Laurel Md. DATE SIGNED 4/26/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF April 29, 1954
NAME OF CEMETERY OR CREMATORY Dry Hill
LOCATION (City, town, or county) Laurel (State) Md

DATE REC'D BY LOCAL REG. 28 APR 1954
REGISTRAR'S SIGNATURE M. Brosheaux
24. FUNERAL DIRECTOR Ridgley Selby ADDRESS 401 Wash. Ave Laurel. Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 30 1954
BUREAU V. S.

3858

03893
Reg. Dist.

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 245

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

**1. PLACE OF DEATH:**
COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Hyattsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6505 Knollbrook Drive

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
STATE Md COUNTY Pr. Geo
CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) Hyattsville
STREET ADDRESS (If rural, give location) 6505 Knollbrook Drive

**3. NAME OF DECEASED:** (Type or Print) (First) Raymond (Middle) Eugene (Last) Moreland

**4. DATE OF DEATH** (Month) 4 (Day) 30 (Year) 1954

**5. SEX** Male

**6. COLOR OR RACE** White

**7. SINGLE, MARRIED, WIDOWED, DIVORCED** (Specify) Married

**8. DATE OF BIRTH:** June 6, 1909

**9. AGE** Last birthday: 44 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of work life, even if retired): Lineman

**10b. KIND OF BUSINESS OR INDUSTRY** Bur. of Standards

**11. BIRTHPLACE** (State or foreign country): Wash D.C.

**12. CITIZEN OF WHAT COUNTRY?** U.S.A.

**13. FATHER'S NAME:** Raymond N. Moreland

**14. MOTHER'S MAIDEN NAME:** Anna D. Dugan

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unk.) Yes — (If Yes, give war or dates of service) WW II

**16. SOCIAL SECURITY NO.:**

**17. INFORMANT & ADDRESS:** Jeanette D. Dugan 1706 Upshur St NW.

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.1

Immediate cause (a) Acute congestive heart failure — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Coronary occlusion

DUE TO (c) Cardiovascular renal disease

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Diabetes mellitus

**19a. DATE OF OPERATION:**

**19b. MAJOR FINDING OF OPERATION:**

**20. AUTOPSY?** Yes ☒ No ☐

**21a. EXTERNAL CAUSE WAS** PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

**21b. PLACE** (Home, farm, factory, OF street, office bldg., etc., INJURY

**21c.** (City or town) (County) (State)

**21d. TIME** (Month) (Day) (Year) (Hour) OF INJURY M.

**21e. INJURY OCCURRED** While at work ☐ Not while at work ☐

**21f. HOW DID INJURY OCCUR?**

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒. Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John J. Maloney (Hyattsville Md) M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 4-30-54

**23. BURIAL, CREMATION, REMOVAL** (Specify): Removal — DATE THEREOF 4/30/54 — NAME OF CEMETERY OR CREMATORY 317 Penna ave S E — LOCATION (City or town, or county) (State) Washington dc

DATE REC'D BY LOCAL REG'R 4/30/54 — REGISTRAR'S SIGNATURE Amanda Dauney

**24. FUNERAL DIRECTOR** James T. Ryan — ADDRESS 317 Penna ave S E Wash. D.C.

May 4 1954 James Devey

04853

MARYLAND 3890

STATE DEPARTMETT OF HEALTH

# CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly LENGTH OF STAY (in this place) 30 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY P G
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kent Village
STREET ADDRESS (If rural, give location) 7341 Hawthorn St.

3. NAME OF DECEASED (Type or Print) (First) Baby Girl (Middle) (Last) Morrell

4. DATE OF DEATH (Month) (Day) (Year) 4-30 1954

5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH 4-30-54
9. AGE last birthday ___ yrs. If under 1 year Months Days If under 24 hrs. Hours Min. 30m

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country)
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Donald C. Morrell
14. MOTHER'S MAIDEN NAME Elizabeth Hammer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Intercranial Hemorrhage

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19.. to ....., 19.., that I last saw the deceased alive on 4/30, 1954, and that death occurred at 7:20 p.m., from the causes and on the date stated above. 4/30/54

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Frederick E. Musser MD. 5409 Varnum St Landover Hills Md

23. BURIAL, CREMATION REMOVAL (Specify) Cremation
DATE 5/14/54
NAME OF CEMETERY OR CREMATORY Prince Georges Gen Hosp
LOCATION (City, town, or county) Cheverly Md (State)

DATE REC'D BY LOCAL REG. 5/18/54
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR Harry W. Penn Jr. ADDRESS Supt

2044353415

MARGIN RESERVED FOR BINDING

M

I

RECEIVED
MAY 1954
U. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

03894

3913

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 143

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

**1. PLACE OF DEATH**
COUNTY: Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glenn Dale (RURAL)
LENGTH OF STAY (In this place): 10 yrs., 5 months, 17 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Glenn Dale Hospital

**2. USUAL RESIDENCE (HOME) OF DECEASED**
STATE: D.C. — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 1126 - 6'th St., S.W.

**3. NAME OF DECEASED** (Type or Print): (First) WARREN E. (Middle) (Last) NASH

**4. DATE OF DEATH**: (Month) 4 (Day) 13 (Year) 1954

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Male | White | single | 5/28/81 | 72 yrs. | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Carpenter | Carpentry | Montross, Virginia | U.S.A. |

**13. FATHER'S NAME**: John Nash

**14. MOTHER'S MAIDEN NAME**: Betty Davis

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS |
|---|---|---|
| No | 577-22-4496 | Decedent |

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

002 X

Immediate cause (a) pulmonary Tuberculosis — 12 1/2 yrs.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: peripheral vascular disease, arteriosclerosis 2 yrs

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| | | Yes ☐ No ☒ |

| 21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | | | |

| TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|
| m. | | |

22. I hereby certify that I attended the deceased from 10-27, 1943, to 4-13, 1954, that I last saw the deceased alive on 4-13, 1954, and that death occurred at 11:45 a.m., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| Martin Keller | M. D. | Glenn Dale Hospital, Glenn Dale, Maryland | 4/13/54 |

| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | 4-16-54 | Congressional | Wash. D.C. |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 4/13/54 | Not Required | Robert A. Mattingly | 131-11th St. S.E. Wash. D.C. |

RECEIVED
APR 21 1
BUREAU V. S.

03895

MARYLAND

STATE DEPARTMETT OF HEALTH

3891

# CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly, Md
LENGTH OF STAY (in this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Rainier, Md.
STREET ADDRESS (If rural, give location) 3401 Eastern Avenue

3. NAME OF DECEASED (Type or Print) (First) Arthur (Middle) (Last) Nester

4. DATE OF DEATH (Month) April (Day) 11, (Year) 1954

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH May 22, 1927
9. AGE last birthday 26 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Charles Nester
14. MOTHER'S MAIDEN NAME Amanda S. Troutman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Mrs Thelma Nester Mt Rainier Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Guillain Barre Syndrome Acute — INTERVAL BETWEEN ONSET AND DEATH 6 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 2
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/6, 1954, to 4/11, 1954, that I last saw the deceased alive on 4/11/54, 19....., and that death occurred at 12 15/P m., from the causes and on the date stated above.

SIGNATURE Julius Kauffman, M.D. (Degree or title) ADDRESS 5102 Annap. Rd. Bladensburg, Md. DATE SIGNED 4/11/54

23. BURIAL CREMATION REMOVAL (Specify) transportation
DATE 4/12/54
NAME OF CEMETERY OR CREMATORY Cumberland
LOCATION (City, town, or county) (State) Md

DATE REC'D BY LOCAL REG. 4/12/54
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR F Gasch's Sons ADDRESS Hyattsville Md

MARGIN RESERVED FOR BINDING

RECEIVED
APR 15 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH 03896

2411 N. Charles Street, Baltimore

3919

# CERTIFICATE OF DEATH

Reg. Dist. No. 234

1. PLACE OF DEATH: COUNTY Prince Georges Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clinton
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Geo'sCo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clinton
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) MARY (Middle) Y. (Last) PARKER

4. DATE OF DEATH (Month) (Day) (Year) April 16th. 1954 19

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH Feb. 7th . 1876

9. AGE last birthday 78 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Domestic

11. BIRTHPLACE (State or foreign country) Piscataway, Maryland.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Edward W. Young

14. MOTHER'S MAIDEN NAME Mary Helen Edelen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY No. None

17. INFORMANT AND ADDRESS R.C.E. Parker (Son) Clinton, Maryland.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Congestive Heart Failure | 3 days |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Arteriosclerotic Heart Disease | ? |
| | (c) Arteriosclerosis | |

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized Arteriosclerosis

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1950, 19....., to 4/16, 1954, that I last saw the deceased alive on 4/15/54, 19..., and that death occurred at 2:30a m., from the causes and on the date stated above.

SIGNATURE (Degree or title) William P. [illegible] M.D. ADDRESS 1150 Connecticut Ave (6), D.C. DATE SIGNED 4/16/54

23. BURIAL, CREMATION REMOVAL (Specify) [illegible] DATE THEREOF [illegible] NAME OF CEMETERY OR CREMATORY [illegible] LOCATION (City, town, or county) (State) [illegible]

DATE REC'D BY LOCAL REG. April 16 - 1954 REGISTRAR'S SIGNATURE Howard J. Beall

24. FUNERAL DIRECTOR ADDRESS [illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 19 1
BUREA

03897

**MARYLAND** — STATE DEPARTMETT OF HEALTH

# 3892 CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly — LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Co. Gen. Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince Geo -
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
STREET ADDRESS (If rural, give location) 6305 Inwood St

3. NAME OF DECEASED (Type or Print): (First) Carolyn (Middle) V. (Last) Peacock

4. DATE OF DEATH: (Month) Apr (Day) 22 (Year) 19 54

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 20 June 1871

9. AGE last birthday: 82 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Carroll

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a). 550.1 Shock fr. — 20 hr.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b). Peritonitis fr. — 20 hr.

(c). Ruptured hollow viscus — 20 hr.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Painful Appendectomy — 5 days

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/16 ..., 1954, to 4/22 ..., 1954, that I last saw the deceased alive on 4/22 ..., 1954 and that death occurred at 6:45 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): John Kehoe — ADDRESS: Cheverly Md — DATE SIGNED:

| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town or county) (State) | |
|---|---|---|---|---|
| Burial | 4/26/54 | St. Michael Cem. | St. Marys County | 4/22/54 |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 4/22/54 | Amanda Downey | Jas T. Ryan Inc | 317 Pa. Ave Wash. DC. |

RECEIVED
APR 27 1954
BUREAU V. S.

03898

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

3920

# CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH: COUNTY Pr. Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 5125 Benning Rd. SE
LENGTH OF STAY (in this place) 1 Week
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia COUNTY Fairfax
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Vienna
STREET ADDRESS (If rural, give location) RFD # 2, Box 125

3. NAME OF DECEASED (Type or Print) (First) Sarah (Middle) E. (Last) Piggott

4. DATE OF DEATH (Month) April (Day) 1 (Year) 1954

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 6-29-73
9. AGE last birthday 80 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Virginia
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Thomas Piggott
14. MOTHER'S MAIDEN NAME Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Louise Kirby RFD # 2, Vienna, Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

442x

Immediate cause (a) Cardio-arterio-nephro

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) sclerosis c general

(c) anasarca

INTERVAL BETWEEN ONSET AND DEATH [illegible]

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mch 30, 1954, to April 1, 1954, that I last saw the deceased alive on Mch 30, 1954 and that death occurred at 2:30 a.m., from the causes and on the date stated above.

SIGNATURE Schuster Brady M.D. (Degree or title) ADDRESS 35 NY Ave NW DATE SIGNED 4/5/54

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF 4-1-54
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) (State) Fairfax, Va.

DATE REC'D BY LOCAL REG. Apr 4
REGISTRAR'S SIGNATURE [illegible] Campbell
24. FUNERAL DIRECTOR J. S. Everly ADDRESS [illegible] Fairfax, Va.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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BUREAU

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03899
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 234

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Silver Hill
LENGTH OF STAY (in this place) 2½ yr
HOSPITAL OR INSTITUTION OR STREET ADDRESS 224 - Ceder Drive

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince George
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Silver Hill
STREET ADDRESS (If rural, give location) 224 Ceder Drive

3. NAME OF DECEASED: (Type or Print) (First) Alice (Middle) Virginia (Last) Plew
4. DATE OF DEATH (Month) (Day) (Year) April 19 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Dec 26, 1889
9. AGE last birthday: 64 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Home wife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Isaac Mayhugh
14. MOTHER'S MAIDEN NAME: Augusta Akers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 153X
Immediate cause (a) Toxemia DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Carcinoma of sigmoid DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☑ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.,
21c. (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☑, Inspection ☑, Inquiry ☑, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE James J. Boyd M. D.
CHIEF MEDICAL EXAMINER ☑
DEPUTY MEDICAL EXAMINER ☑
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 4-19-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 4-21-54
NAME OF CEMETERY OR CREMATORY Congressional Cem.
LOCATION (City, town, or county) Washington (State) DC

DATE REC'D BY LOCAL REG. 4/19/54 4/22/54
REGISTRAR'S SIGNATURE Amanda Downey Howard J. Beall
24. FUNERAL DIRECTOR J. Wm Lee & Sons Co. ADDRESS Wash. DC

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03900

3922 CERTIFICATE OF DEATH

Reg. Dist. No. 243

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

**1. PLACE OF DEATH:**

COUNTY Prince Georges MARYLAND

CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Glenn Dale (rural)

LENGTH OF STAY (in this place) 11 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Hospital

**2. USUAL RESIDENCE (HOME) OF DECEASED:**

STATE D. C. COUNTY —

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington

STREET ADDRESS (If rural, give location) 1211 6th St., N. W.

| 3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print) | 4. DATE OF DEATH: (Month) (Day) (Year) |
|---|---|
| ROMANIA POWELL | Apr. 27, 1954 |

| 5. SEX: | 6. COLOR OR RACE: | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH: | 9. AGE last birthday: | IF UNDER 1 YEAR: Months / Days | IF UNDER 24 HRS.: Hours / Min. |
|---|---|---|---|---|---|---|
| Male | Colored | separated (not legally) | 11/16/1919 | 34 yrs. | — / — | — / — |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): | 10b. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Works on roofing | Rogers Roofing Co. | Goldsboro, N. C. | USA |

| 13. FATHER'S NAME: | 14. MOTHER'S MAIDEN NAME: |
|---|---|
| John Powell | Mamie Howard |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO.: | 17. INFORMANT & ADDRESS: |
|---|---|---|
| Yes / World War II | 242-16-5185 | Decedent |

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

002X

Immediate cause (a) Pulmonary Tuberculosis — INTERVAL BETWEEN ONSET AND DEATH: 4 mo.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

| 19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION: | 20. AUTOPSY? |
|---|---|---|
| 0 | | Yes ☐ No ☑ |

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 16, 1954, to Apr. 27, 1954, that I last saw the deceased alive on Apr. 26, 1954, and that death occurred at 4:15 A.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

David Lee Finicane M.D. Glenn Dale Hospital Glenn Dale, Md. 4/26/54

| 23. BURIAL, CREMATION REMOVAL (Specify): | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Removal | 4/28/54 | | Washington, D.C. |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 4/27/54 | [illegible] | St. Joseph Funeral Home. | |

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BUREAU V. S.

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**MARYLAND** 3893 **STATE DEPARTMETT OF HEALTH**

# CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly — LENGTH OF STAY (in this place) 25 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY P.G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hughesville
STREET ADDRESS (If rural, give location) ✓

3. NAME OF DECEASED (Type or Print) (First) Baby (Middle) Girl (Last) Proctor
4. DATE OF DEATH (Month) Apr (Day) 13 (Year) 1954
5. SEX Female
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH 13 Apr 54
9. AGE last birthday yrs. If under 1 year Months Days If under 24 hrs. Hours Min. 25
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Phillip Proctor
14. MOTHER'S MAIDEN NAME Mae E. Thompson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mae E. Thompson - Hughesville, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Fetal atelectas

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Prematurity (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/13, 1954, to 4/13, 1954, that I last saw the deceased alive on 4/13, 1954, and that death occurred at 3:30 a.m., from the causes and on the date stated above.

SIGNATURE T. A. Chr. Jensen (Degree or title) CHD ADDRESS College Park DATE SIGNED 4/14/54

23. BURIAL, CREMATION REMOVAL (Specify) Cremation DATE 5/7/54 NAME OF CEMETERY OR CREMATORY Prince Georges Gen Hosp LOCATION (City, town, or county) Cheverly (State) Md

DATE REC'D BY LOCAL REG. 5/14/54 REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR Harry W Penn Jr ADDRESS Supt

2044308270

MARGIN RESERVED FOR BINDING

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MAY 17 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03901

3923 CERTIFICATE OF DEATH

Reg. Dist. No. 240

1. PLACE OF DEATH:
COUNTY PRINCE GEORGES MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural - Cedarville
LENGTH OF STAY (in this place) 59 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince Georges
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural - Cedarville
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) JAMES (Middle) ALEXANDER (Last) PROCTOR.

4. DATE OF DEATH: (Month) April (Day) 23 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed
8. DATE OF BIRTH: June 30, 1858
9. AGE last birthday: 95 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? United States

13. FATHER'S NAME: Michael Proctor
14. MOTHER'S MAIDEN NAME: Elizabeth Ellen Harley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: none.
17. INFORMANT & ADDRESS: Katie V. Proctor - Brandywine, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

481X

Immediate cause (a) Acute Grippe — Interval Between Onset And Death: 4 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Acute Upper Respiratory Cold — 4 days

DUE TO (c) Old Age -

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) none
PLACE OF INJURY (Home, farm, factory, street, office bldg. etc.) none (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) none m.
INJURY OCCURED While At Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/28/, 1954, to 4/23/, 1954, that I last saw the deceased alive on 4/23/, 1954 and that death occurred at 6:35 PM; from the causes and on the date stated above.

SIGNATURE Vahek M. Seron (Degree or title) MD ADDRESS Aquasco, Md DATE SIGNED 4/23/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 4-26-54
NAME OF CEMETERY OR CREMATORY St Peters
LOCATION (City, town, or county) (State) Waldorf Md

DATE REC'D BY LOCAL REGISTRAR 4/26/54
REGISTRAR'S SIGNATURE ~~Julia H Parry~~ F.H. Billingsley C.T.
24. FUNERAL DIRECTOR Hunt H Ryon ADDRESS Waldorf Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03902

Item 7, Film G165B 3924 CERTIFICATE OF DEATH Reg. Dist. No.

5/6/54 fcy

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND; CITY (If outside corporate limits, write RURAL) OR TOWN Silver Spring; LENGTH OF STAY (in this place) 3 mos.; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring; STREET ADDRESS (If rural give location) 1200 – Lebanon, Mt. Rainier

3. NAME OF DECEASED: (First) Ida (Middle) Mae (Last) Redwine

4. DATE OF DEATH: (Month) 4 (Day) 28 (Year) 1954

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Female | white | | 11/18/1899 | 54 yrs. | | | | |

| 10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Seamstress | Ben Kursh | W. Va. | U.S.A. |

13. FATHER'S NAME: Samuel Bruce Sands

14. MOTHER'S MAIDEN NAME: Dora Jane Davidson

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS |
|---|---|---|---|
| | | 579-10-5097 | Wallace R. Redwine 1200-Lebanon St. Silver Spring, Md |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 416X (a) Congestive Heart Failure — Interval Between Onset And Death: 3 mos.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Rheumatic Heart Disease — 30+ yrs.
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

| 19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| None | — | Yes ☐ No ☑ |

| 21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| No | — | — | | |

| TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|
| | | |

22. I hereby certify that I attended the deceased from March, 1954, to April 27, 1954, that I last saw the deceased alive on 4/27, 1954, and that death occurred at 5:40 AM 4/4, from the causes and on the date stated above.

SIGNATURE Warren Jeiner (Degree or title) M.D. ADDRESS 1601 Upshur St NW DATE SIGNED 4/4/54

| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | 4/30/54 | Fort Lincoln | Colmar Manor, Md |

DATE REC'D BY LOCAL REGISTRAR Apr 30 1954 REGISTRAR'S SIGNATURE James Devery

24. FUNERAL DIRECTOR ADDRESS Walker Funeral Home, Inc. 3200 – R.I. Ave. Mt. Rainier, Md

VS. A15

RECEIVED
MAY 3 1954
BUREAU V. S.

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03903

Reg. Dist.

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 241

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Capitol Heights
LENGTH OF STAY (In this place) Transient
HOSPITAL OR INSTITUTION OR STREET ADDRESS 400 block of 49th St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY P.G.
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Capitol Heights
STREET ADDRESS (If rural, give location) 813 - 49th Street

3. NAME OF DECEASED: (Type or Print) (First) Joan (Middle) Marie (Last) Ruzza

4. DATE OF DEATH (Month) April (Day) 8 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Nov. 10, 1937

9. AGE last birthday: 17 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): At home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): New York

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Mario Ruzza

14. MOTHER'S MAIDEN NAME: Marie Hoerschel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mario Ruzza, same address

## 18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) 981X Hemorrhage and shock — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Multiple gun shot wounds

DUE TO

(c) Head and body

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: —

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY Place Road

21c. (City or town) Capitol Heights (County) P.G. (State) Md.

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 4 - 8 54 P.M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR? Shot with a revolver

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☒, Undetermined cause ☐.

SIGNATURE James J. Ryan M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☒

DATE SIGNED 4-9-54

23. BURIAL, CREMATION, REMOVAL (Specify): Removal

DATE THEREOF 4/9/1954

NAME OF CEMETERY OR CREMATORY James J. Ryan Funeral Home

LOCATION (City, town, or county) (State) 317 Pa. Ave. S.E. Washington D.C.

DATE REC'D BY LOCAL REG. 4/9/54

REGISTRAR'S SIGNATURE Amanda Downey
Carrie F. Campbell

24. FUNERAL DIRECTOR ADDRESS James J. Ryan Inc. 317 Pa Ave S.E. Washington, D.C.

BUREAU V.

03904

MARYLAND 3895 STATE DEPARTMETT OF HEALTH

# CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly 29 | LENGTH OF STAY (in this place) 10 Days 5. 20
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY P. G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brandywine X
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Aminette (Middle) T. (Last) Sasscer

4. DATE OF DEATH: (Month) April (Day) 8 (Year) 1954

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed | 8. DATE OF BIRTH: June 10-1886 | 9. AGE last birthday: 67 yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Hswf. | 10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Md. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Turner.

14. MOTHER'S MAIDEN NAME: Ella Ruth Ironmonger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. | (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs. Anita Turner (sister) Brandywine, Maryland.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Multiple Infarts Left Kidney — 2 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Left Hemiplegia — 14 days

(c) Secondary Anemia — 2 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis — 10 yrs

19a. DATE OF OPERATION: N | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) N | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) none m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 20, 1954, to Apr 8, 1954 that I last saw the deceased alive on Apr 8, 1954 and that death occurred at 11 50 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) James E. Sasscer M.D. ADDRESS Upper Marlboro, Md. DATE SIGNED 4-9-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE 4/10/54 | NAME OF CEMETERY OR CREMATORY All Faith Church Cem. | LOCATION (City, town, or county) Oraville, (State) Md.

DATE REC'D BY LOCAL REG. 4/13/54 | REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR Ritchie Bros. ADDRESS Upper Marlboro, Md.

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APR 15 19[illegible]
BUREAU [illegible]

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03905

3896

# CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Brentwood Md 34
LENGTH OF STAY (in this place) 25 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3910 Pennwood Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince Georges
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Brentwood, Md
STREET ADDRESS (If rural give location) 3910 Pennwood Rd

3. NAME OF DECEASED: (Type or Print) (First) MR WILLIAM (Middle) ALEXANDER (Last) SELLERS

4. DATE OF DEATH: (Month) APRIL (Day) 13 (Year) 1954

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: April 13, 1868
9. AGE last birthday: 86 yrs. IF UNDER 1 YEAR: Months | Days IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Contracting Carpenter
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Sellers
14. MOTHER'S MAIDEN NAME: Mary Jane Coates

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Florence M Sellers Brentwood Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | | Interval Between Onset And Death |
|---|---|---|---|
| Immediate cause 331X | (a) DUE TO | Cerebral Arteriosclerosis | 6 mos |
| Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. | (b) DUE TO | Generalized Arteriosclerosis | 5 years |
| | (c) | | |

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-12, 1954, to 4-13, 1954, that I last saw the deceased alive on 3-24, 1954, and that death occurred at 4.40 PM, from the causes and on the date stated above.

SIGNATURE Wesman Dwell Cameron (Degree or title) M.D. ADDRESS 3503 Perry St. Mt Rainier DATE SIGNED 4/13/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 4/16/54
NAME OF CEMETERY OR CREMATORY Mt Olive Cemetery
LOCATION (City, town, or county) Randallstown (State) Md

DATE REC'D BY LOCAL REGISTRAR April 14 1954
REGISTRAR'S SIGNATURE James Sevey
24. FUNERAL DIRECTOR F Gasch's Sons Hyattsville ADDRESS Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 19 1954
BUREAU

5553

03906

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

# MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 745

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Mt. Rainier
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3001-Taylor Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Pr. Geo-
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Mt Rainier
STREET ADDRESS (If rural, give location) 3001 Taylor Street

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) William (Last) Seymore

4. DATE OF DEATH (Month) 4 (Day) 25 (Year) 1954

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH: Sept 30, 1893 | 9. AGE last birthday: 60 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Steamfitter | 10b. KIND OF BUSINESS OR INDUSTRY: Heating | 11. BIRTHPLACE (State or foreign country): Washington D.C | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George W. Seymore | 14. MOTHER'S MAIDEN NAME: Fredericka Speckman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) W.W. #1 | 16. SOCIAL SECURITY NO.: 213-10-7151 | 17. INFORMANT & ADDRESS: Anna M. Seymore wife 3001-Taylor St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause (Final disease or condition resulting in death) 4-42 X | (a) Acute congestive heart failure | |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last | DUE TO (b) Cardiovascular renal disease | |
| | DUE TO (c) | |

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: | 19b. MAJOR FINDING OF OPERATION: | 20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. | 21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY | 21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M. | 21e. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John J. Maloney (Hyattsville, Md) M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 4-25-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF 4/28/54 | NAME OF CEMETERY OR CREMATORY Fort Lincoln | LOCATION (City, town, or county) (State) Colmar Manor, Md.

DATE REC'D BY LOCAL REG. Sept 27, 1954 | REGISTRAR'S SIGNATURE James Devey | 24. FUNERAL DIRECTOR ADDRESS Malloy's Funeral Home, Inc. 3200 R.I. Ave. Mt. Rainier, Md.

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BUREAU V. S.

3925

03907

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

# MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 234

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Camp Springs | LENGTH OF STAY (In this place) 1 Year
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5538 Auth Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince George
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Camp Springs
STREET ADDRESS (If rural, give location) 5538 Auth Road

3. NAME OF DECEASED: (Type or Print) (First) Medford (Middle) Lee (Last) Shutters
4. DATE OF DEATH (Month) 4 (Day) 7 (Year) 19 54
5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: 2-17-93
9. AGE last birthday: 61 yrs. IF UNDER 1 YEAR: Months Days | IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Mechanic
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Solomon Thomas Shutters
14. MOTHER'S MAIDEN NAME: Mary Ellen Showalter.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Nellie Leona Shutters, same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
976X
Immediate cause (a) Hemorrhage and shock
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Gun shot wound of chest
DUE TO
(c)
INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY Home
21c. (City or town) Camp Springs (County) P.G. (State) Md.
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 4 7 54 4:30 P.M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR? Shot self in chest

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☒, Homicide ☐, Undetermined cause ☐.

SIGNATURE James L. Boyd M. D.
CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒
DATE SIGNED 4-7-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF 4/11/54 | NAME OF CEMETERY OR CREMATORY Solomon Church | LOCATION (City, town, or county) (State) Forestville, Md.
DATE REC'D BY LOCAL REG. 4-7-54 | REGISTRAR'S SIGNATURE Howard J. Beall
24. FUNERAL DIRECTOR ADDRESS Lee Funeral Home, Washington, D.C.

VS. A15A - 5 - 53

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physi[illegible]: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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03908

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

# MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. [illegible]

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Seat Pleasant
LENGTH OF STAY (in this place) 8 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6328 Brooks Rd SE

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY P. G.
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Seat Pleasant
STREET ADDRESS (If rural, give location) 6328 Brooks Rd SE

3. NAME OF DECEASED: (Type or Print) (First) Helen (Middle) (Last) Simms

4. DATE OF DEATH (Month) 4 (Day) 22 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Sept 14, 1870
9. AGE last birthday: 83 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Washington, D.C.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Samuel Diggs
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Cora Conte, Forestville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.1

Immediate cause (a) Coronary Occlusion DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Cardiovascular renal disease DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.,
21c. (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE James H. Joseph M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☑
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 4-23-54

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
DATE THEREOF 4-25-54
NAME OF CEMETERY OR CREMATORY Woodlawn
LOCATION (City, town, or county) (State) D.C.

DATE REC'D BY LOCAL REG. Apr 23, 1954
REGISTRAR'S SIGNATURE Carrie F. Campbell
24. FUNERAL DIRECTOR John T. Stewart
ADDRESS 30 H St. N.E.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A-5-53

RECEIVED
APR 27 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03909

# 3897 CERTIFICATE OF DEATH

Reg. Dist. No. 765

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

**1. PLACE OF DEATH:**
COUNTY Prine Georges — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town: Riverdale
LENGTH OF STAY (in this place): 3 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Leland memorial Hospital

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
STATE Maryland — COUNTY Prine Georges.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: 2d monston.
STREET ADDRESS (If rural give location): 5109 Emerson St.

**3. NAME OF DECEASED:** (Type or Print) (First) Marjorie (Middle) Elizabeth (Last) Smith.

**4. DATE OF DEATH:** (Month) 4 (Day) 24 (Year) 1954

**5. SEX:** F

**6. COLOR OR RACE:** W

**7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):** married

**8. DATE OF BIRTH:** 4-28-1891

**9. AGE last birthday:** 62 yrs. IF UNDER 1 YEAR: Months / Days. IF UNDER 24 HRS.: Hours / Min.

**10a. USUAL OCCUPATION.** Give kind of work done during most of working life, even if retired): Book Binding

**10b. KIND OF BUSINESS OR INDUSTRY:** Book Binding

**11. BIRTHPLACE** (State or foreign country): Frederick Maryland

**12. CITIZEN OF WHAT COUNTRY?** United States

**13. FATHER'S NAME:** William James Sumwalt

**14. MOTHER'S MAIDEN NAME:** Margaret Madorra Dronberg.

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unk.) No — (If Yes, give war or dates of service)

**16. SOCIAL SECURITY NO.:** —

**17. INFORMANT & ADDRESS:** Mrs. Margaret Roberts.

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Acute Coronary Thrombosis

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Dis
DUE TO (c) Cardiody

II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. arthritis (Rheumatoid

**19a. DATE OF OPERATION:** 0 — **19b. MAJOR FINDINGS OF OPERATION**

**20. AUTOPSY?** Yes ☐ No ☒

**21. ACCIDENT / SUICIDE / HOMICIDE** (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr 21, 1954, to Apr 24, 1954, that I last saw the deceased alive on Apr 24, 1954, and that death occurred at 10.50 p/m, from the causes and on the date stated above.

SIGNATURE (Degree or title): L W Malyn M D — ADDRESS: Riverdale Md — DATE SIGNED: 4-24-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 4/27/54 — NAME OF CEMETERY OR CREMATORY: Glenwood — LOCATION (City, town, or county) (State): Washington D C

DATE REC'D BY LOCAL REGISTRAR: April 27, 1954 — REGISTRAR'S SIGNATURE: James Devers

24. FUNERAL DIRECTOR: F Gaecka Sons — ADDRESS: Hyattsville Md

VS. A15

RECEIVED
APR 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

03910

3854

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN College Park
LENGTH OF STAY (in this place) 3 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 9803-52nd Place X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sabillasville
STREET ADDRESS (If rural, give location) ✓

3. NAME OF DECEASED (Type or Print) (First) Susie (Middle) Jane (Last) Smith
4. DATE OF DEATH (Month) 4 (Day) 11 (Year) 1954
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 11-6-1900
9. AGE last birthday 53 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-wife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Charles F. Manahan
14. MOTHER'S MAIDEN NAME Mary Etta Royer
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS William Smith 9803-52nd Pl. College Park

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

421.4

Immediate cause (a) Acute congestive heart failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic valvular heart disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE John J. Maloney, M.D. Dep. Med Exam (Degree or title) ADDRESS Hyattsville, Md. DATE SIGNED 4-11-54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 4/14/54
NAME OF CEMETERY OR CREMATORY Bethel Cemetery
LOCATION (City, town, or county) Washington Co. (State) Md.

DATE REC'D BY LOCAL REG. 4/12/54
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR F. Gaskin Sons ADDRESS Hyattsville, Md.

April 15/54 James Devey

3656

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

APR 19 1954
...EAU V. ...

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03911

**MARYLAND**

STATE DEPARTMETT OF HEALTH

# 3898 CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH
COUNTY Prince George's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
MARYLAND
LENGTH OF STAY (In this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Prince Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale
STREET ADDRESS (If rural, give location) 5730 Tennyson St

3. NAME OF DECEASED (Type or Print): (First) Samuel (Middle) JAMES (Last) Staples

4. DATE OF DEATH: (Month) April (Day) 5 (Year) 1954

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 7-25-1881

9. AGE last birthday: 72 yrs. If under 1 year: Months. If under 24 hrs.: Days, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: National Training School

11. BIRTHPLACE (State or foreign country): LA

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Bowman Staples

14. MOTHER'S MAIDEN NAME: Cindrella S. Hester

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no

16. SOCIAL SECURITY No.: 577 36 2303

17. INFORMANT AND ADDRESS: Samuel J. Staples Jr Riverdale Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a). Acute Coronary Thrombosis

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)..... (c).....

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-3 ., 1954, to 4-5 ., 1954, that I last saw the deceased alive on 4-5, 1954 and that death occurred at 10 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: 4/7/54

NAME OF CEMETERY OR CREMATORY: Ft. Lincoln Cemetery

LOCATION (City, town, or county) (State): Colmar Manor Md

DATE REC'D BY LOCAL REG.: 4/7/54

REGISTRAR'S SIGNATURE: Amanda Downey

24. FUNERAL DIRECTOR: F. Gasch's Sons Hyattsville, Md.

MARGIN RESERVED FOR BINDING

RECEIVED
APR 9 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03912

# 3899 CERTIFICATE OF DEATH

Reg. Dist. No. 248

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

**1. PLACE OF DEATH:**
COUNTY Prince George's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Leland Memorial in Riverdale

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
STATE Md. — COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural give location) 2311 Sheridan St. W. Hyattsville, Md.

**3. NAME OF DECEASED:** (Type or Print) (First) Olive (Middle) Edna (Last) Steinberg

**4. DATE OF DEATH:** (Month) Apr. (Day) 4 (Year) 1954

**5. SEX:** F.

**6. COLOR OR RACE:** White

**7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):** Widowed

**8. DATE OF BIRTH:** Dec. 27, 1895

**9. AGE last birthday:** 58 yrs. — IF UNDER 1 YEAR: Months 3 Days 8 — IF UNDER 24 HRS.: Hours — Min.

**10a. USUAL OCCUPATION.** Give kind of work done during most of working life, even if retired):

**10b. KIND OF BUSINESS OR INDUSTRY:** Gov. Br. Engraving

**11. BIRTHPLACE** (State or foreign country): Bowie Md.

**12. CITIZEN OF WHAT COUNTRY?** U.S.

**13. FATHER'S NAME:** Cornelius J. Disney

**14. MOTHER'S MAIDEN NAME:** Anna V. Anderson

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unk.) ? (If Yes, give war or dates of service)

**16. SOCIAL SECURITY NO.:** 577-44-9381

**17. INFORMANT & ADDRESS:** Olive Jones 2309 Sheridan St. W. Hyattsville Md.

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset And Death |
|---|---|---|
| 151X Immediate cause | (a) Circulatory collapse | 31 hours. |
| Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. | (b) DUE TO Metastatic Carcinoma of Liver with Ascites | 8 wks. ? |
| | (c) DUE TO Carcinoma of Stomach | 14 wks. ? |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

**19a. DATE OF OPERATION:** 0

**19b. MAJOR FINDINGS OF OPERATION**

**20. AUTOPSY?** Yes ☐ No ☒

**21. ACCIDENT / SUICIDE / HOMICIDE** (Specify)

**PLACE OF INJURY** (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

**TIME OF INJURY** (Month) (Day) (Year) (Hour) m.

**INJURY OCCURED** While at Work ☐ Not While At Work ☐

**HOW DID INJURY OCCUR?**

22. I hereby certify that I attended the deceased from 3-16-1954, to 4-4-1954, that I last saw the deceased alive on 4-3, 1954, and that death occurred at 4:53 A.M., from the causes and on the date stated above.

SIGNATURE Wallace N. Mook (Degree or title) M.D. ADDRESS 7701 Carroll Ave. Takoma Park Md. DATE SIGNED 4-4-54

**23. BURIAL, CREMATION, REMOVAL** (Specify) Burial — DATE THEREOF April 6 1954 — NAME OF CEMETERY OR CREMATORY Ft Sinai Memorial Cemetery — LOCATION (City, town, or county) (State) Colmar Manor Maryland

DATE REC'D BY LOCAL REGISTRAR April 4 1954 — REGISTRAR'S SIGNATURE Mrs. Jas. Severe (Deputy Registrar)

**24. FUNERAL DIRECTOR** The S. W. Hines Co. — ADDRESS 2901-14th St. N.W. Wash. D.C.

RECEIVED
APR 7 1954
BUREAU V. S.

03913

MARYLAND

3900

STATE DEPARTMETT OF HEALTH

# CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale
STREET ADDRESS (If rural, give location) 6307- 47th Ave

3. NAME OF DECEASED (Type or Print) (First) Roy (Middle) Franklin (Last) Stroup

4. DATE OF DEATH (Month) April (Day) 25 (Year) 1954

5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH 4-3-1892
9. AGE last birthday 62 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Press Operator
10b. KIND OF BUSINESS OR INDUSTRY Army Map Service
11. BIRTHPLACE (State or foreign country) Indiana
12. CITIZEN OF WHAT COUNTRY USA

13. FATHER'S NAME William Stroup
14. MOTHER'S MAIDEN NAME Mary Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) None
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mary L. Stroup Riverdale Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

47.1

Immediate cause (a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 2 hr.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary Thrombosis — 6 hr.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-24, 1954, to 4-25, 1954, that I last saw the deceased alive on 4-25, 1954, and that death occurred at 6 00 A m., from the causes and on the date stated above.

SIGNATURE R.D. Bauer (Degree or title) M.D. ADDRESS Hyattsville Md. DATE SIGNED 4-25-54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 4/28/54
NAME OF CEMETERY OR CREMATORY Ft Lincoln
LOCATION (City, town, or county) Colmar Manor (State) Md

DATE REC'D BY LOCAL REG. 4/28/54
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR F Gascha Sons ADDRESS Hyattsville Md

RECEIVED
APR 29 1954
BUREAU V. S.

03914

3927

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Forestville (Rural) LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Upper Marlboro R#1

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marlboro Pike-Forestville
STREET ADDRESS (If rural, give location) Upper Marlboro R#1

3. NAME OF DECEASED (Type or Print) (First) Hannah (Middle) E (Last) Suit.
4. DATE OF DEATH (Month) April (Day) 11 (Year) 1954
5. SEX Fem
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Feb 19 1878
9. AGE last birthday 76 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic
10b. KIND OF BUSINESS OR INDUSTRY at home
11. BIRTHPLACE (State or foreign country) Centerville, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Frederick Allen
14. MOTHER'S MAIDEN NAME Landonia DeVaugh
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY No.
17. INFORMANT Fred Suit - Forestville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

170X

Immediate cause (a) Acute congestive cardiac failure — INTERVAL BETWEEN ONSET AND DEATH: 1 day

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Adeno Carcenoma Rt. breast — 2 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) Natural Causes
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Nov 16, 1953 to Apr 11, 1954, that I last saw the deceased alive on April 11, 1954 and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Paul C Van Natta - 5440 Silver Hill Rd SE Washington 28 DC April 11 1954

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF April 15-1954
NAME OF CEMETERY OR CREMATORY Epiphany Cemetery
LOCATION (City, town, or county) Forestville (State) Md.
DATE REC'D BY LOCAL REG. April 12-54
REGISTRAR'S SIGNATURE Edna F. Collins
24. FUNERAL DIRECTOR Simmons Bros ADDRESS 1661 gd Hope Rd S.E. Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS. A15

RECEIVED
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BUREAU

3928 03915

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

# MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. ....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - ■ - 53

**1. PLACE OF DEATH:**
COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hillcrest
LENGTH OF STAY (in this place) 13 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1407 - 52nd Place

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
STATE Maryland COUNTY P. G.
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Hillcrest
STREET ADDRESS (If rural, give location) 1407 - 52nd Place

**3. NAME OF DECEASED:** (First) Mary (Middle) Emma (Last) Taylor
**4. DATE OF DEATH** (Month) 4 (Day) 18 (Year) 1954
**5. SEX:** Female
**6. COLOR OR RACE:** White
**7. SINGLE, MARRIED, WIDOWED, DIVORCED,** (Specify) Widowed
**8. DATE OF BIRTH:** Dec 24, 1875
**9. AGE last birthday:** 78 yrs.
IF UNDER 1 YEAR: Months ... Days ... IF UNDER 24 HRS.: Hours ... Min. ...

**10a. USUAL OCCUPATION** (Give kind of work done during most of work life, even if retired): Housewife
**10b. KIND OF BUSINESS OR INDUSTRY:** Own Home
**11. BIRTHPLACE** (State or foreign country): West Virginia
**12. CITIZEN OF WHAT COUNTRY?** U. S. A.

**13. FATHER'S NAME:** Emmet Spencer
**14. MOTHER'S MAIDEN NAME:** Polly Wilfong

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unk.) No (If Yes, give war or dates of service) None
**16. SOCIAL SECURITY NO.:** None
**17. INFORMANT & ADDRESS:** Merl Taylor, Same address

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute congestive heart failure
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Cardiovascular renal disease
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

**19a. DATE OF OPERATION:** —
**19b. MAJOR FINDING OF OPERATION:**
**20. AUTOPSY?** Yes ☐ No ☑

**21a. EXTERNAL CAUSE WAS** PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
**21b. PLACE** (Home, farm, factory, OF street, office bldg., etc.,) INJURY
**21c.** (City or town) (County) (State)
**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour) M.
**21e. INJURY OCCURRED** While at work ☐ Not while at work ☐
**21f. HOW DID INJURY OCCUR?**

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Emmet J. Boyd M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☑
DATE SIGNED 4-18-54

**23. BURIAL, CREMATION, REMOVAL** (Specify) Burial
DATE THEREOF 4/20/54
NAME OF CEMETERY OR CREMATORY Cedar Hill
LOCATION (City, town, or county) Suitland (State) Md.

DATE REC'D BY LOCAL REG. Apr. 19 54
REGISTRAR'S SIGNATURE Carrie S. Campbell
24. FUNERAL DIRECTOR W. W. Chambers Co. ADDRESS 517 11th St. S.E. Wash. D.C.

RECEIVED
APR · 22 19[illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH 03916

3929

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

Reg. Dist. No. 231

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Prince Georges; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly, Maryland; LENGTH OF STAY (In this place) 1/2 hour; HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY P. Geo.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mitchellville, Maryland; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Barbara (Middle) (Last) Thomas

4. DATE OF DEATH: (Month) 4 (Day) 13 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: Aug 9, 1953

9. AGE Last birthday: yrs. 8; If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William H. Thomas

14. MOTHER'S MAIDEN NAME: Gertrude

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Hospital Records

### 18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

055.0

Immediate cause (a) Meningococcus Meningitis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John J. Maloney M.D. Dep. Med. Exam. Hyattsville Md 4-13-54

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 4/14/54 NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) Washington, D.C.

DATE REC'D BY LOCAL REG. 4/14/54 REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR Henry L. Washington & Sons ADDRESS 467 N W. W. DC

RECEIVED
APR 19 1954
BUREAU V. S.

03917

MARYLAND

3901

STATE DEPARTMETT OF HEALTH

# CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville, Maryland — LENGTH OF STAY (in this place) 7 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Road Suitland Heights, Md.
STREET ADDRESS (If rural, give location) 2306 - Fourth Road

3. NAME OF DECEASED (Type or Print): (First) Edna (Middle) SULLINA (Last) Turner

4. DATE OF DEATH: (Month) April (Day) 2, (Year) 19 54

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED: Widower

8. DATE OF BIRTH: 11/9/88

9. AGE last birthday: 65 yrs. — If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: at Home

11. BIRTHPLACE (State or foreign country): Wash. Dc

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Hinelright

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service): none

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Francis J. Thomas 5306 Hamilton St. Hyattsville Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 260X Coronary thrombosis — Interval between onset and death: 3 m.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Cerebral hemorrhage — Unknown

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/26, 19 54 to 4/2, 19 54, that I last saw the deceased alive on 4/1, 19 54, and that death occurred at 5:30 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Lee Summers, M.D. ADDRESS 2409 Livingston St. Lee Summers M.D. DATE SIGNED 4/3/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 4/5/54 — NAME OF CEMETERY OR CREMATORY: Arlington Nat. — LOCATION (City, town, or county): Arlington Va. (State)

DATE REC'D BY LOCAL REG. 4/3/54 — REGISTRAR'S SIGNATURE: Amanda Downey

24. FUNERAL DIRECTOR: W.W. Chambers Co. — ADDRESS: 517 11th St SE

MARGIN RESERVED FOR BINDING

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APR 7 1954
BUREAU V. S.

Film 6164 Item 9 4/22/54 cmf 3859
Film 6158 4/20/54 cmf

03918

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

# MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 245

**1. PLACE OF DEATH:**
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville, | LENGTH OF STAY (In this place) 1 yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7011- 24th Avenue

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
STATE Md COUNTY Prince Georges
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Hyattsville, Md
STREET ADDRESS (If rural, give location) 7011-24th Avenue

**3. NAME OF DECEASED (Type or Print):** (First) Robert (Middle) Marshall (Last) Thomson

**4. DATE OF DEATH:** (Month) 4 (Day) 11 (Year) 1954

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH: | 9. AGE last birthday | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Male | White | Widowed | 2-15-16 | 38 yrs. | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): | 10b. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Engineer | Firearms | N-Dakota | U.S.A. |

**13. FATHER'S NAME:** Walter Thompson
**14. MOTHER'S MAIDEN NAME:** Caroline Klein

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unk.) (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO.: | 17. INFORMANT & ADDRESS: |
|---|---|---|
| U.S. Navy yes. | 578-44-0662 | Mrs. Pauline Beeler 725 Desmond Court, Drive Jacksonville, Fla. |

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) DUE TO Acute congestive heart failure | |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last | (b) DUE TO (Probably) Toxemia | |
| | (c) Alcoholism | |

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

| 19a. DATE OF OPERATION: | 19b. MAJOR FINDING OF OPERATION: | 20. AUTOPSY? Yes ☐ No ☒ |
|---|---|---|
| 0 | | |

| 21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. | 21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY | 21c. (City or town) (County) (State) |
|---|---|---|
| | | |

| 21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M. | 21e. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21f. HOW DID INJURY OCCUR? |
|---|---|---|
| | | |

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John J. Maloney (Hyattsville, Md) M. D. CHIEF MEDICAL EXAMINER ☒ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 4-11-54

| 23. BURIAL, CREMATION, REMOVAL (Specify): | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | | | |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| April 11 1917 | James Devery | | |

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

BJREAU

Film#G165 Item# 8
5/3/54 emf
3902

03919

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

# MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 142

1. PLACE OF DEATH:
COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Capital Heights
LENGTH OF STAY (In this place) 24 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6303 - Southern Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince George
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Capital Heights
STREET ADDRESS (If rural, give location) 6303 - Southern Avenue

3. NAME OF DECEASED: (Type or Print) (First) Eunice (Middle) Clotilda (Last) Tolliver

4. DATE OF DEATH (Month) (Day) (Year) April 25 1954

5. SEX: female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: April 3, 1908
9. AGE last birthday: 46 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Attendant
10b. KIND OF BUSINESS OR INDUSTRY: St Elizabeth Hosp
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Charles Johnson
14. MOTHER'S MAIDEN NAME: Blanche Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Blanche Johnson, same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

442X

Immediate cause (a) Acute congestive heart failure
DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Cardiovascular renal disease
DUE TO
(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.,
21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE James H Boyd M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☑
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 4-25-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF Apr. 28-54
NAME OF CEMETERY OR CREMATORY Queen Chapel Cem.
LOCATION (City, town, or county) (State) Pr. Geo. Md.

DATE REC'D BY LOCAL REG. Apr. 26. 1954
REGISTRAR'S SIGNATURE Carrie F. Campbell
24. FUNERAL DIRECTOR H. S. Washington & Sons
ADDRESS 467 N St. N.W. Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

RECEIVED
APR 28 19[illegible]
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03920

3860

# CERTIFICATE OF DEATH

Reg. Dist. No. 245

| | |
|---|---|
| 1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr.Geo. |
| CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hyattsville 1 — LENGTH OF STAY (in this place) 14 yrs. | CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hyattsville |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS 4006 Oglethorpe Street | STREET ADDRESS (If rural give location) 4006 Oglethorpe Street |

3. NAME OF DECEASED: (Type or Print) (First) CARL (Middle) REGINALD (Last) TRABAND

4. DATE OF DEATH: (Month) April (Day) 20th, (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Feb.11th,1898

9. AGE last birthday: 56 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Driver-Hemper

10b. KIND OF BUSINESS OR INDUSTRY: Potomac Electric Power Co.

11. BIRTHPLACE (State or foreign country): Upper Marlboro, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John H. Traband

14. MOTHER'S MAIDEN NAME: Sarah Tolson

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) none

16. SOCIAL SECURITY No.: 577-09-3315

17. INFORMANT & ADDRESS: Thelma A. Traband--4006 Oglethorpe St. Hyattsville, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocardial Infarction — Interval Between Onset And Death: 4 days

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerotic C-V. Disease — years

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hyperthyroidism — years

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-20, 1954, to 4-20, 1954, that I last saw the deceased alive on 4-20, 1954, and that death occurred at 9:45 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Ronald H. Fleischer M.D. — ADDRESS 5432 Queens Chapel Rd Hyattsville Md — DATE SIGNED 4/20/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF April 23/54 — NAME OF CEMETERY OR CREMATORY Fort Lincoln Cemetery — LOCATION (City, town, or county) (State) Colmar Manor, Pr.Geo.Md.

DATE REC'D BY LOCAL REGISTRAR April 24 1954 — REGISTRAR'S SIGNATURE James Severy

24. FUNERAL DIRECTOR W.W.Chambers Company, ADDRESS Riverdale, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3861 CERTIFICATE OF DEATH 03921

Reg. Dist. No. 245

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1 PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) Agricultural Research Center
LENGTH OF STAY (in this place) 12 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6903 Cipes Road

2 USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Alexandria
STREET ADDRESS (If rural give location) 603 North View Terrace

| 3. NAME OF DECEASED: (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH: (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| Ann | | Tucker | 4 | 12 | 1954 |

| 5. SEX: | 6. COLOR OR RACE: | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): | 8. DATE OF BIRTH: | 9. AGE last birthday: yrs. | IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| F | White | child | Nov 8, 1953 | | 5 | 4 | | |

| 10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): | 10b. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| | | | |

| 13. FATHER'S NAME: | 14. MOTHER'S MAIDEN NAME: |
|---|---|
| James W. Tucker | Louise Gordon |

| 15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO.: | 17. INFORMANT & ADDRESS: |
|---|---|---|
| No | | Mother |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset And Death |
|---|---|---|
| Immediate cause | (a) Acute respiratory infection | 12 days |
| Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. | DUE TO (b) Myocarditis | 1 day |
| | DUE TO (c) Bronchopneumonia & congestive heart disease | birth on |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| 19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒ |
|---|---|---|
| | | |

| 21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | | | |

| TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|
| | | |

22. I hereby certify that I attended the deceased from 4/1, 1954, to 4/12, 1954, that I last saw the deceased alive on 4/12, 1954, and that death occurred at 11 am, from the causes and on the date stated above.

SIGNATURE (Degree or title) Henry A. Christensen Jr MD
ADDRESS 6905 Leh Blvd Coll Park
DATE SIGNED 4-12-54

| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | 4/12/54 | | |

| DATE REC'D BY LOCAL REGISTRAR | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| April 12 1954 | James Sevens | C. P. Waters by C.M.F. | Arlington, Va |

9V X 3994 990

VS. A15

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APR 14 19[illegible]
BUREAU V. S.

Film#G164 Item# 12 4/14/54 emf

03922

**MARYLAND**

STATE DEPARTMETT OF HEALTH

3903 **CERTIFICATE OF DEATH**

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH COUNTY: Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cheverly LENGTH OF STAY (in this place): Dhs 350 men
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Prince Geo. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Md COUNTY: P. G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mt. Rainier
STREET ADDRESS (If rural, give location): 4317 Russell Ave

3. NAME OF DECEASED (Type or Print) (First) Max (Middle) M (Last) Turner

4. DATE OF DEATH (Month) 4 (Day) 6 (Year) 1954

5. SEX: M
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): (M)
8. DATE OF BIRTH: 3-4-79
9. AGE last birthday: 75 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Russia
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Abraham Turner
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Rachel - Wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|---|
| Immediate cause | (a) | Coronary Thrombosis | 2 Hrs |
| Antecedent cause(s) | (b) | Coronary Heart Disease | 1 yr |
| Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (c) | | |

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary Edema — 2 Hrs.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr 4, 1954, to Apr 6, 1954, that I last saw the deceased alive on Apr 6, 1954, and that death occurred at 11:20 p. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Samuel J. Hugar MD
ADDRESS: 4300 Raymond Drive Mt Rainier Md
DATE SIGNED: 4/6/54

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE: 4/8/54
NAME OF CEMETERY OR CREMATORY: Mt. Lebanon Cem.
LOCATION (City, town, or county) (State): Md. Pr. Geo.

DATE REC'D BY LOCAL REG.: 4/7/54
REGISTRAR'S SIGNATURE: Amanda Downey
24. FUNERAL DIRECTOR: B Danzansky & Son
ADDRESS: 3501-14th St NW

RECEIVED
APR 9 1954
BUREAU V. C

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03923

2930

# CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mitchellville
LENGTH OF STAY (in this place) 5 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural give location) Mitchellville Md

3. NAME OF DECEASED (Type or Print) (First) Susie (Middle) Perry (Last) Watson

4. DATE OF DEATH (Month) (Day) (Year) 4 - 21 - 1954

5. SEX F
6. COLOR OR RACE C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Feb. 16, 1892
9. AGE last birthday 62 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY Housewife
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Henry Savoy
14. MOTHER'S MAIDEN NAME Angelina Baddy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Mack Watson

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

442X

Immediate cause (a) Cerebral Embolism — INTERVAL BETWEEN ONSET AND DEATH: 4 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Cardio-Vascular

(c) Renal Disease — 5 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis — 10 yrs

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) No
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) None m.
INJURY OCCURRED While at Work ☐ Not While At work ☒
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from April 18, 1954, to Apr. 21, 1954, that I last saw the deceased alive on Apr 21, 1954 and that death occurred at 8:30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
James G. Sasseer — Upper Marlboro, Md — Apr. 22-1954

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Apr. 25-54
NAME OF CEMETERY OR CREMATORY Mt. Meho Mitchell Chr. Cem.
LOCATION (City, town, or county) (State) Mitchellville Md.

DATE REC'D BY LOCAL REG. Apr. 22-54
REGISTRAR'S SIGNATURE Carrie F. Campbell.
24. FUNERAL DIRECTOR Henry S. Washington ADDRESS 467 N St NW Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
BUREAU V. S.

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MARYLAND

STATE DEPARTMETT OF HEALTH

3904

# CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH — COUNTY: Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cheverly 08 — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Prince George General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: X Lanham
STREET ADDRESS (If rural, give location): —

3. NAME OF DECEASED (Type or Print) (First) Kathryn (Middle) Marie (Last) Windsor

4. DATE OF DEATH (Month) April (Day) 2 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: March 20, 1954

9. AGE last birthday: yrs. — If under 1 year: Months, Days 13 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Windsor

14. MOTHER'S MAIDEN NAME: Wilhelmenia Robinson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mother - Lanham, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

762.0 Immediate cause (a) Atelectasis from birth

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/20, 1954, to 4/2, 1954, that I last saw the deceased alive on 4/2, 1954 and that death occurred at 2:25 p. m., from the causes and on the date stated above.

SIGNATURE: John W. Pulsin, MD (Degree or title) — ADDRESS: 5301 Hamilton St., Hyattsville, Md. — DATE SIGNED: 4/4/54

23. BURIAL, CREMATION REMOVAL (Specify): Cremation — DATE: 4/6/54 — NAME OF CEMETERY OR CREMATORY: Prince George's Gen Hosp — LOCATION (City, town, or county): Cheverly (State): Md

DATE REC'D BY LOCAL REG.: 4/15/54 — REGISTRAR'S SIGNATURE: Amanda Downey

24. FUNERAL DIRECTOR: Harry W. Penn — ADDRESS: Seyst

2 4 2 1 13

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BUREAU V. S.

Item 9, Film G165B, 5/6/54 fcy 3905 03925

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

# MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 231

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly 38
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp 20

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Pr. Geo
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Hyattsville 15
STREET ADDRESS (If rural, give location) 5218 Emerson St.

3. NAME OF DECEASED: (Type or Print) (First) Paul (Middle) (Last) Zier

4. DATE OF DEATH (Month) 4 (Day) 27 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: Aug. 3, 1896
9. AGE last birthday: ~~60~~ 57 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Cab driver
10b. KIND OF BUSINESS OR INDUSTRY: transportation
11. BIRTHPLACE (State or foreign country): Washington D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Philip R. Zier
14. MOTHER'S MAIDEN NAME: Lottie Rick

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No 4 (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: ?
17. INFORMANT & ADDRESS: Phillip G. Zier - Same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 976 X

Immediate cause (a) Hemorrhage & shock DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Gunshot wound of head DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home
21c. (City or town) Hyattsville (County) Pr. Geo. (State) Md
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 4-27-54 M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☒
21f. HOW DID INJURY OCCUR? Self inflicted wound of head

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☒, Homicide ☐, Undetermined cause ☐.

SIGNATURE John T. Maloney (Hyattsville Md) M. D.
CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 4-27-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF April 30, 54
NAME OF CEMETERY OR CREMATORY Prospect Hill
LOCATION (City, town, or county) (State) Wash. D.C.

DATE REC'D BY LOCAL REG. 4/27/54
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR W. W. Chambers Co. ADDRESS 3072 M. St N.W.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A-5-53

RECEIVED
APR 29 1954
BUREAU V. S.

03926

**MARYLAND** STATE DEPARTMETT OF HEALTH

3906

# CERTIFICATE OF DEATH

Reg. Dist. No. 231

M

MARGIN RESERVED FOR BINDING

1

| | |
|---|---|
| 1. PLACE OF DEATH COUNTY: Prince George MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Maryland COUNTY: Pr. Geo. |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cheverly, Md 30 LENGTH OF STAY (in this place) | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: X Washington, D.C. |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS: Prince Geo. Gen. Hosp. 20 | STREET ADDRESS (If rural, give location): 413 Franklin St. N.E. |
| 3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Augusta Zimmerer | 4. DATE OF DEATH (Month) (Day) (Year): April 23, 1954 |
| 5. SEX: F | 6. COLOR OR RACE: W |
| 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED | 8. DATE OF BIRTH: 11/17/72 |
| 9. AGE last birthday: 81 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE | 10b. KIND OF BUSINESS OR INDUSTRY: AT HOME |
| 11. BIRTHPLACE (State or foreign country): GERMANY | 12. CITIZEN OF WHAT COUNTRY: USA |
| 13. FATHER'S NAME: CARL HASSLER | 14. MOTHER'S MAIDEN NAME: UNKNOWN KARL |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If year, give war or dates of service) | 16. SOCIAL SECURITY NO.: NONE |
| 17. INFORMANT AND ADDRESS: MAX ZIMMERER 413 FRANKLIN ST NE | |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

442X

Immediate cause (a) Congestive Heart failure — 2 months

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Cardio-vascular renal disease — Years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| | | |
|---|---|---|
| 19a. DATE OF OPERATION: 0 | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐ |
| 21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE) |
| TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |

22. I hereby certify that I attended the deceased from 4-17, 1954, to 4-23, 1954, that I last saw the deceased alive on 4-22, 1954, and that death occurred at 10:50 a.m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) ADDRESS: 5432 Queens Chapel Rd Hyattsville Md DATE SIGNED: 4/23/54

| | | | |
|---|---|---|---|
| 23. BURIAL, CREMATION REMOVAL (Specify): BURIAL | DATE: APRIL 27 1954 | NAME OF CEMETERY OR CREMATORY: ST MARYS | LOCATION (City, town, or county) (State): WASHINGTON, DC. |
| DATE REC'D BY LOCAL REG.: 4/24/54 | REGISTRAR'S SIGNATURE: Amanda Downey | 24. FUNERAL DIRECTOR: WW CHAMBERS CO. | ADDRESS: 1400 CHAPIN ST NW WASHINGTON DC |

RECEIVED
APR 27 1954
BUREAU V. S.